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**SAVE THE CHILDREN  
MALI FIELD OFFICE  
CHILD SURVIVAL 4  
FINAL EVALUATION SURVEY REPORT**

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A

CHILD SURVIVAL IV FINAL SURVEY

KNOWLEDGE AND PRACTICE SURVEY  
SAVE THE CHILDREN  
MALI

May-June 1992

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## EXECUTIVE SUMMARY

In the months of May and June 1992, Save The Children Federation carried out a Knowledge and Practice final survey in Kolondiéba district (cercle). The survey followed the WHO model of 30 clusters of mothers with children under two years of age. A total of 239 mothers were interviewed. The data entry and analysis were done in EPIINFO 5.1.

The survey found that mothers breastfed their children for almost two years. 91.7% of the mothers interviewed knew that they give additional food beyond six months: 31.4% of the mothers in the sample knew that they give additional food between four and six months and 60.3% of the mothers in the sample knew that they give additional food at six months or later.

For growth monitoring intervention, 61% of the children in the sample were weighed at least once in the last three months. 86.9% of the children having a growth monitoring card were weighed at least once in the last three months.

For malaria intervention, 66% of the mothers whose children had fever in the last two weeks gave chloroquine to their children.

For diarrhea, 73% of the mothers whose children had diarrhea in the last two weeks practiced SSS. 61.1% of all the mothers in the sample declared that they give their child more to drink than usual in case of diarrhea.

In the immunization intervention, the fully immunized rate (12-23 months of age) is 49.3%, with a dropout rate (DPT1-DPT3/DPT1) of 46%. Among children 12-23 months of age with the immunization card 52.2% were fully immunized, with a dropout rate (DPT1-DPT3/DPT1) of 46.1% 81% of the mothers interviewed knew that TT vaccination protects the newborn and the mother against tetanus. 85% of all the mothers received at least two TT vaccinations.

In the maternal intervention, 48.9% of the mothers did at least two prenatal visits. Among the mothers with a prenatal card 79.6% did at least two visits. The utilization rate of modern contraceptives is 0.8% 82.7% of the mothers declared they were

assisted during their delivery by a traditional birth attendant.

The overall results of the survey are substantially higher than the national rates, wherever it is possible to compare.

## II. INTRODUCTION

### A. Background Information

The Republic of Mali is located in West Africa. It covers an area of 478,760 Sq.miles with a population of about eight million.

UNICEF reports Mali's 1989 IMR and U5MR as 166 and 287/1000 respectively. Though these rates represent significant achievements in the past decade (the 1980 U5MR was 325), they are among the highest in the world.

### B. Intervention Area

In 1988 SAVE The CHILDREN (SCF) received a grant of \$ 1,015,000 from U.S.A.I.D to carry out a Child Survival Project (CSIV). CSIV is located in Kolondieba districts in the Sikasso Region, 300 km SE of Bamako, Mali's capital. It is implemented in all 5 sub-districts of Kolondieba (Central, Kebila, Fakola, Kadiana, and Tousseguela). Approximately 137,900 persons live in this rural, Sahelian area. (Source: SC/M HIS, and National census, 1987).

In Kolondieba, many deaths are due to diarrheal diseases, often complicated by malnutrition. Malaria still constitutes an important cause of morbidity and mortality. Recent data suggest that higher percentages of children who died during 1989 had an associated febrile illness. The fertility rate in Mali is 7.1.

SCF is currently implementing community-based, integrated rural development activities in 7 sectors: Health, Credit, Agriculture, Literacy, Water, Schooling, and WID. Its health component included activities in immunization, control diarrheal disease (CDD), child spacing, environmental hygiene, malaria control, nutrition monitoring and education/demonstration, maternal care (prenatal care, delivery assistance, and family planning), clean water use, and a family-based, universal-enrollment HIS.

The key health agents in the current CSIV have been 34 Family Trainers (FT), who each cover five to eight villages. The FTs work with over 200 Village Health Committees (VBCs) to put on health education sessions for mothers' groups and follow up with home visits. FTs and VHCs maintain the manual HIS, using their rosters to identify high risk families in the village, and discuss vaccination, ORT and proper nutritional practices with these families individually. FTs and VHCs use specific health events such as GM/P and EPI sessions to convey related messages.



The SCF/staff works in close collaboration with the District Health Center and the 5 sub-district dispensaries, and through the mobile units. MOH personnel are responsible for the cold chain maintenance. CDD, Malaria control, family planning, nutrition monitoring and education, and maternal care interventions are promoted in the center and the dispensaries. The chief medical officer assists and supervises the personnel.

### C. Purpose of the Knowledge & Practice Survey

A standardized Knowledge & Practice survey was carried out following an agreement between SCF and the PVO Child Survival Support Program (CSSP) at John Hopkins University. Subsequent arrangements were made to bring Dr. Ciro Franco, from PVO CSSP, to Mali to train the project staff in survey implementation.

The purpose of the SCF/Mali survey is to provide a final assessment in the intervention area of the knowledge and practice regarding nutrition, malaria intervention, diarrhea case management, immunization, maternal care (family planning, prenatal care, and delivery assistance) interventions.

The following information was provided by the CS IV final survey:

- Mothers' knowledge about the management of diarrheal episodes, immunization, and birth spacing.
- Coverage rates of children (12-23 months) with BCG, DPT, OPV, and measles vaccine, (verified by looking at the immunization card).
- Mothers' practice in the following interventions: nutrition, diarrhea case management, malaria prevention, and maternal care.
- Coverage rate with tetanus toxoid for mothers of children under two (verified by looking at the maternal health card or other documents witnessing the happened vaccination).

### D. Schedule of Activities

27-28-29 May Arrival of Dr. Ciro Franco and  
Dr. Ahmed Zayan in Bamako.

Orientation to project and  
preliminary work with  
project coordinator(s)  
Review survey questionnaire  
-French version-

30 May.- Training of supervisors

31 May.- Training of interviewers

1 June- Pilot test of questionnaire  
Review of pilot test, last  
adjustments to the questionnaire  
and reproduction of the same

2-3 June- Data collection

3-4 June- Data entry

4 June- Data analysis (frequencies and  
some tables)

5 June- Hand tabulation

6- June- Feedback to project  
staff.

7-8-9 june- Write draft report

10 June- Feedback in Bamako

11 June- Departure of Dr.Ciro Franco and Dr.Ahmed  
Zayan

### III.METHODOLOGY

#### A.The Questionnaire

The questionnaire was developed to be administered to the mothers 15-49 years with a child under 24 months of age. The questionnaire was first designed at the PVO CSSP according to the objectives and specific health messages used in the SCF/Mali project. During the questionnaire development process, many discussions were held with SCF/Mali staff and SCF/HQ to reach an agreement about the content of the questionnaire.

The questionnaire includes 42 questions

- Questions 1-3: demographic and educational data
- Questions 4-8: nutrition, weaning knowledge and practice,
- Questions 8-11: growth monitoring,
- Question 12-15: malaria knowledge and practice,
- Question 16-25: knowledge and practice regarding management of diarrheal disease,
- Questions 26-31: vaccination knowledge and coverage, ,
- Questions 32-42: TT immunizations, practice of family planning, and delivery assistance.

The questionnaire was written first in English and then translated into French.

#### B.Determination of Sample Size

A sample was drawn from the villages constituting the intervention area, using the 30 clusters methodology.

For the determination of the sample size, the following formula was used:

$$n = z^2 pq/d^2$$

where n = the sample size; z = statistical certainty chosen; p = coverage rate, level of knowledge; q = 1-p; and d = degree of precision.

The sample size was determined in the following way: the degree of precision (d) was set at 0.1 and the p at 0.5. The resulting minimum sample size was 96. This sample was doubled to

compensate for the potential bias of the cluster method. The sample was finally set at 240 to account for possible non-respondents.

95% confidence limits were calculated for some of rates according to the following formula:

$$p \pm z \sqrt{p \cdot q / n}$$

#### D. Selection of Sample

The sampling method used was a cluster scheme based on "probability proportionate to size", taking a village as a cluster. The SCF had an exhaustive list of villages with their population size of the intervention area. The sampling interval was calculated by dividing the total population by 30. A random number provided the starting point to choose the 30 clusters.

Eight mothers were interviewed in each cluster. The eight mothers for each cluster were located using the following procedure: one household was randomly chosen as the starting point from a list of households available for each village; the second and subsequent households were the ones which were nearest to the previous one.

### IV. THE SURVEY

#### A. Training of supervisors and interviewers

Prior to the training, discussions were held between the survey trainer and the SCF/HQ Dr. Ahmed Zayan, Primary Health Care Coordinator and the SCF/field office staff, namely Mr. Peter Lagharn SCF/Deputy Director Mali Mr. Souleymane Kanté Program Manager Mali Field Office, and Dr. Fodé Doumbia SCF/Coordinator Program Child Survival Mali. The discussions were aimed at a further tailoring of the questionnaire to the project's needs and to review the training curriculum. The survey trainer and the Coordinator Program Child Survival Mali conducted the training of the supervisors and interviewers.

The training lasted three days. The first day was dedicated to the supervisors, the second to the interviewers and the third day a pilot test.

The training covered the following topics: the purpose of the survey, the sample size, the questionnaire (rationale for each question), and the data analysis.

Discussion and role play were the main training methods used. Because the questionnaire was to be administered in Bambara (the local language), the supervisors and interviewers conducted three role plays, the first one in French in order to get acquainted with the questions, and the last two in Bambara. A pilot test was conducted during the third day in a ward in Kolondiéba town.

## B. The Interviews

The interviews lasted two days. There were 16 interviewers and 8 supervisors with a ratio of 1 supervisor to two interviewers. The interviewers were SCF/health workers (Family Trainers) and the survey supervisors were SCF/supervisors and nurses.

The tasks of the supervisors were the following:

- determination of the starting point of each cluster,
- verification of the questionnaire in the field,
- observation of at least an interview per interviewer per day.

Since the interviewers included SCF/health workers who were in charge of villages in the intervention area, there were concerns about the validity of the data collection process. To minimize any kind of bias, the SCF/health workers were sent to the villages where they did not work.

## C. Method of Data Analysis

The data entry was carried out by SCF/field staff on two microcomputers. The data analysis, using EPIINFO 5.1, was conducted by the survey trainer. The data tabulation generated

frequency distributions and cross-tabulations.

In addition to the computerized data entry a hand tabulation was carried out by the SCF/field staff in order to allow the SCF/field staff to follow thoroughly the survey process. Because of time constraints only few questions were tabulated manually.

## V.SURVEY RESULTS

### A.Results of CS IV Final Survey

AGEMOTHER | Freq Percent Cum.

AGEMOTHER	Freq	Percent	Cum.
14	1	0.4%	0.4%
15	1	0.4%	0.8%
16	1	0.4%	1.3%
17	3	1.3%	2.5%
18	6	2.5%	5.0%
19	11	4.6%	9.6%
20	11	4.6%	14.2%
21	11	4.6%	18.8%
22	12	5.0%	23.8%
23	20	8.4%	32.2%
24	17	7.1%	39.3%
25	18	7.5%	46.9%
26	13	5.4%	52.3%
27	15	6.3%	58.6%
28	18	7.5%	66.1%
29	4	1.7%	67.8%
30	9	3.8%	71.5%
31	6	2.5%	74.1%
32	18	7.5%	81.6%
33	4	1.7%	83.3%
34	5	2.1%	85.4%
35	2	0.8%	86.2%
36	2	0.8%	87.0%
37	8	3.3%	90.4%
38	4	1.7%	92.1%
39	4	1.7%	93.7%
40	4	1.7%	95.4%
41	2	0.8%	96.2%
42	3	1.3%	97.5%
43	1	0.4%	97.9%
44	1	0.4%	98.3%

99		4	1.7%	100.0%
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-----+				
Total		239	100.0%	

AGECHILD		Freq	Percent	Cum.
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-----+				
0		18	7.5%	7.5%
1		16	6.7%	14.2%
2		19	7.9%	22.2%
3		17	7.1%	29.3%
4		20	8.4%	37.7%
5		12	5.0%	42.7%
6		9	3.8%	46.4%
7		13	5.4%	51.9%
8		15	6.3%	58.2%
9		13	5.4%	63.6%
10		5	2.1%	65.7%
11		11	4.6%	70.3%
12		13	5.4%	75.7%
13		8	3.3%	79.1%
14		5	2.1%	81.2%
15		8	3.3%	84.5%
16		5	2.1%	86.6%
17		8	3.3%	90.0%
18		4	1.7%	91.6%
19		6	2.5%	94.1%
20		7	2.9%	97.1%
21		4	1.7%	98.7%
22		3	1.3%	100.0%

-----+				
Total		239	100.0%	

3.a What is the highest educational level you attained?

	n	%
1. no education	214	90.7
2. coranic school	4	1.7
3. literacy	4	1.7
4. primary school	12	5.1
5. secondary school	2	0.0

3.b Do you know how to read and write?

	n	%
1. yes	13	5.5
2. no	225	94.5

### Breastfeeding/Nutrition

#### 4. Are you breastfeeding (name of child)?

	n	%
1. yes	237	99.2 (C.L. 0.8-0.9)
2. no	2	0.8

#### 5. Have you ever breast-fed (name of child)?

	n	%
1. yes	2	100.0
2. no	0	0.0

#### 6. a. Are you giving (name of child) water (or herbal teas)?

	n	%
1. yes	195	81.6
2. no	44	18.4

#### b. Are you giving (name of child) bottle milk?

	n	%
1. yes	84	35.1
2. no	155	64.9

#### c. Are you giving (name of child) semisolid foods such as gruels, porridge or semolina?

	n	%
1. yes	134	56.1
2. no	105	43.9

#### d. Are you giving (name of child) fruits or juices?

	n	%
1. yes	135	56.5
2. no	104	43.5



e. Are you giving (name of child) carrot, mango or papaya?

	n	%
1. yes	130	54.4
2. no	109	45.6

f. Are you giving (name of child) leafy green vegetables, such as spinach?

	n	%
1. yes	100	42.0
2. no	138	58.0

g. Are you giving (name of child) meat or fish?

	n	%
1. yes	118	49.4
2. no	121	50.6

h. Are you giving (name of child) lentils, peanuts, or beans?

	n	%
1. yes	103	43.1
2. no	136	56.9

i. Are you giving (name of child) eggs or yogurt?

	n	%
1. yes	80	33.5
2. no	159	66.5

j. Are you adding leafy green vegetables, such as spinach, to (name of child)'s food?

	n	%
1. yes	103	43.1
2. no	136	56.9

k. Are you adding honey or sugar to (name of child)'s

meals?

	n	%
1. yes	109	45.6
2. no	130	54.4

1. Are you adding fat (lard) or oil to (name of child)'s meals?

	n	%
1. yes	107	45.0
2. no	131	55.0

Practice for each age group, by type of food given

0-3=1 4-5=2 6-9=3 10-12=4 13-15=5 16-23=6 Tot=Total

	1 %	2 %	3 %	4 %	5 %	6 %	tot %
Breastfe	100.0 <sup>1</sup>	100.0	98.0	100.0	100.0	96.7	99.2
water	62.9	84.4	86.0	96.6	88.5	100.0	81.6
milk	8.6	25.0	46.0	51.7	50.0	60.0	35.1
semisol.	2.9	28.1	80.0	96.6	92.3	100.0	56.1
fruit	12.9	34.4	74.0	93.1	84.6	93.3	56.5
mangues	2.9	34.4	72.0	93.1	92.3	96.7	54.4
legum	4.3	12.5	52.0	55.5	84.6	86.2	42.0
mea/fis	2.9	12.5	62.0	89.7	92.7	100.0	49.4
peanuts	2.9	9.4	42.0	86.2	84.6	96.7	43.1
eggs	1.4	6.3	48.0	51.7	61.5	70.0	33.5
addleaf	2.9	9.4	44.0	82.8	92.3	90.0	43.1
addsug	4.3	18.8	70.0	72.4	65.4	86.7	45.6
addfat	2.9	12.5	62.0	78.6	80.8	86.7	44.9

7. When should a mother start adding foods to breastfeeding?

	n	%
1. start adding between 4 and 6 months	75	31.4
2. start adding earlier than 4 months	1	0.4
3. start adding 6 months or later	144	60.3
4. doesn't know	19	7.9

8. What should those additional foods to breastfeeding be?  
(multiple answers possible)

	n	%
a. doesn't know	12	5.0

<sup>1</sup> The exclusive breastfeeding rate is 33.8%

b. add oil to food	189	79.0
c. give food rich in Vitamin A	97	40.6
d. give food rich in iron	105	43.9
e. other	25	10.5

### Growth Monitoring

9. Children who have a growth monitoring/promotion card.

	n	%
1. yes	167	70.2 (C.L. 0.69-0.70)
2. lost	6	2.5
3. never had	65	27.3

10. Children who have been weighed at least once during the last three months (according to the card)

	n	%
1. yes	146	86.9

The denominator is the children with the growth card

11. If the weight of the child is within the red space, what a mother has to do?

(multiple answers possible)

	n	%
a. Go to the health center	135	56.7
b. visit a traditional healer	84	35.3
c. Other	35	14.7
d. do not know	52	21.8

### Malaria

12. Children with fever in the last two weeks

	n	%
1. yes	53	22.2 (C.L. 0.19-.21)

13. When (name of the child) had fever, what did you do?  
(multiple answers possible)

n %

a. did nothing	0	0.0
b. took the child to the general hospital/health center	11	20.8
c. took the child to the traditional healer	28	52.0
d. took the child to the Village Health Worker	4	7.5
e. gave the child chloroquine	35	66.0
f. other	12	22.6
g. did not know	0	0.0

14. What are important actions you should take if (name of the child) had fever?

(multiple answers possible)

	n	%
a. I do not do anything	1	0.4
b. take the child to the general hospital/health center	103	43.1
c. take the child to the traditional healer	141	59.0
d. take the child to the Village Health Workers	28	11.7
e. give the child chloroquine	167	69.9
f. other	36	15.1
g. do not know	10	4.2

15. What can you do to prevent members of your family from getting malaria?

(multiple answers possible)

	n	%
a. do nothing	10	4.2
b. fill in ditches in and around the villages	38	15.9
c. sleep under mosquito net	14	5.9
d. cut grass	67	28.0
e. mal odorous plant	104	43.5
f. other	97	40.6
g. do not know	37	15.5

16. Has (name of child) had diarrhea during the last two weeks?

	n	%
1. yes	37	15.5 (C.L. 0.14-0.16)

17. During (name of child)'s diarrhea did you breast-feed

	n	%
1. more than usual?	15	40.5
2. same as usual?	14	37.8
3. less than usual?	8	21.6
4. stopped completely?	0	0.0
5. child not breastfed	0	0.0

18. During (name of child)'s diarrhea, did you provide (name of child) with fluids other than breast-milk .....

	n	%
1. more than usual?	22	59.5
2. same as usual?	5	13.5
3. less than usual?	5	13.5
4. stopped completely?	0	0.0
5. exclusively breastfeeding	5	13.5

19. During (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods .....

	n	%
1. more than usual?	17	45.9
2. same as usual?	9	24.3
3. less than usual?	5	13.5
4. stopped completely?	0	0.0
5. exclusively breastfeeding	6	16.2

20. When (name of child) had diarrhea, what treatments, if any, did you use?  
(multiple answers possible)

	n	%
a. nothing	0	0.0
b. ORS sachet	7	18.9
c. sugar-salt solution	27	73.0
d. cereal based ORT	5	13.5
e. infusions or other fluids	16	43.2
f. anti-diarrhea medicine or antibiotics	12	32.4
g. other	9	24.3

21. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?

	n	%
1. yes	28	75.7

22. From whom did you seek advice or treatment for the diarrhea of (name of child)?  
(multiple answers possible)

	n	%
a. general hospital	1	3.6
b. health center/clinic/post	5	17.9

c. private clinic/doctor	0	0.0
d. pharmacy	0	0.0
e. village health worker	9	32.1
f. traditional healer	11	39.3
g. traditional birth attendant	4	14.3
h. parents/friends	12	42.9
i. other	4	14.3



23. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea?  
(multiple answers possible)

	n	%
a. doesn't know	17	7.1
b. vomiting	69	29.0
c. fever	82	34.5
d. dry mouth, sunken eyes, decreased urine output (dehydration)	69	29.0
e. diarrhea of prolonged duration (at least 14 days)	70	29.4
f. blood in stool	23	9.7
g. loss of appetite	61	25.6
h. weakness or tiredness	107	45.0
i. other	50	21.0

24. What are important actions you should take if (name of child) has diarrhea?  
(multiple answers possible)

	n	%
a. doesn't know	8	3.3
b. take the child to the general hospital/health center	124	51.9
c. give the child more to drink than usual	146	61.1
d. give the child smaller more frequent feeds	77	32.2
e. withhold fluids	3	1.3
f. withhold foods	3	1.3
g. other	54	22.6

25. What are important actions a mother should take when a child is recovering from diarrhea?  
(multiple answers possible)

	n	%
a. doesn't know	24	10.0
b. give the child smaller more frequent feeds	89	37.2
c. more foods than usual	146	61.1
d. other	39	16.3

## Immunizations

26. Has (name of child) ever received any immunizations?

	n	%
1. yes	190	79.5
2. no	48	20.1
3. doesn't know	1	0.4

27. At what age should (name of child) receive measles vaccine?

MONTHS MEASLES | Freq Percent

-----+-----		
1	2	0.8%
2	9	3.8%
3	12	5.0%
4	4	1.7%
5	2	0.8%
6	6	2.5%
7	2	0.8%
8	4	1.7%
9	122	51.3%
10	2	0.8%
do not know	73	30.7%

28. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?

	n	%
1. to protect both mother/newborn against tetanus	195	81.6
2. to protect only the woman against tetanus	15	6.3
3. to protect only the newborn against tetanus	11	4.6
4. doesn't know or other	18	7.5

29. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?

	n	%
1. one	14	5.9
2. two	91	38.1
3. more than two	117	49.0
4. none	1	0.4
5. doesn't know		

30. Do you have an immunization card for (name of child)?

	n	%
1. yes	184	77.0
2. lost it	5	2.1
3. never had one	50	20.9

31. The denominator is children 12-23 months (n=71)

	n	%
BCG	66	93.0
OPV1	65	91.5
OPV2	54	76.1
OPV3	35	49.3
DPT1	65	91.5
DPT2	54	76.1
DPT3	35	49.3
Measles	52	73.2
Fully immunized	35	49.3
Dropout rate (DPT1-DPT3/DPT1)		46.1

#### MATERNAL CARE

32. Do you have a maternal vaccination card?

	n	%
1. yes	211	88.3
2. lost it	17	7.1
3. no	11	4.6

33. Look at the maternal health card and record the number of TT vaccinations in the space below:

	n	%
1. one	6	2.8
2. two or more	205	97.2

The denominator is the mothers with maternal health card

34. Do you have a prenatal card?

	n	%
1. yes	143	60.1
2. lost it	15	6.3
3. no	79	33.2

35. Record whether the mother ever made any ante-natal visit?

	n	%
1. one	30	20.4
2. two or more	117	79.6

The denominator is the mothers with prenatal card

36. Are you pregnant now?

	n	%
1. yes	8	3.3
2. no	231	96.7

37. Do you want to have another child in the next two years?

	n	%
1. yes	33	14.3
2. no	191	82.7
3. doesn't know	7	3.0

38. Are you currently using any method to avoid/postpone getting pregnant?

	n	%
1. yes	33	16.6
2. no	166	83.4

39. What is the main method you or your husband are using now to avoid/postpone getting pregnant?

	n	%
1. tubal ligation	0	0.0
2. Norplant	0	0.0
3. injections	0	0.0
4. pill	2	6.
5. IUD	0	0.0
6. barrier method/diaphragm	0	0.0
7. condom	0	0.0
8. foam/gel	0	0.0
9. exclusive breast-feeding	6	18.2
10. rhythm	1	3.0
11. abstinence	24	72.7
12. coitus interruptus	0	0.0
13. traditional method	0	0.0
13. other	0	0.0

The denominator is the women who are using a contraceptive method

Modern contraceptive prevalence: 0.8%

(The denominator is all the women in the sample, excluding pregnant women)

40. After having known to be pregnant , how many times a woman should see a health worker? (nurse, midwife, matrone)

TIMESPREG | Freq Percent

-----+-----		
0	1	0.4%
1	7	2.9%
2	38	15.9%
3	29	12.1%
4	46	19.2%
5	29	12.1%
6	27	11.3%
7	15	6.3%
8	4	1.7%
donot know	43	18.0%

41. What foods are good for a pregnant woman to eat to prevent pregnancy anemia?  
(multiple answers possible)

	n	%
a. doesn't know	9	3.8
b. proteins rich in iron (eggs, fish, meat)	201	84.1
c. leafy green vegetables, rich in iron	213	91.8
d. other	57	23.8

42. At the delivery of (name of child), who tied and cut the cord?

	n	%
1. yourself	0	0.0
2. family member	16	6.
3. traditional birth attendant	196	82.7
4. health professional (physician, nurse or midwife)	24	10.1
5. other	1	0.4



### Age Distribution

In some countries like Mali, it is difficult to determine the exact age for many individuals. This is particularly true where the birth registration is rarely required for official documents. Thus, the interviewers were trained to: a) determine whether the child is past first or second birthday, and b) using a local calendar (harvesting period, local holidays), try to determine the month and the day of birth.

AGE	Freq	Percent
-----+-----		
0-11 (months)	168	70.3%
12-23(months)	71	29.7%
-----+-----		
Total	239	100.0%

There were 168 (70.3%) of children under 12 months

AGE(years)	Freq	Percent
-----+-----		
14-20	34	14.2%
21-25	78	32.6%
26-30	59	24.7%
31-35	35	14.6%
36-40	22	9.2%
41-45	7	2.9%
not known	4	1.7%
-----+-----		
Total	239	100.0%

Four mothers (1.7%) did not know their age.

### Breastfeeding/Nutrition

99.2% of the mothers interviewed declared that they breastfed their children. In the age group 6-9 months, 80% of the mothers declared that they give the bouillie to their children. 60% of the mothers knew that they should give food in addition to breastmilk beyond six months. 79.0% of the mothers knew that they should add oil (beurre de Karité) to the bouillie,

and 43.9% knew that they should give the child food rich in iron, and 40% food rich in vitamin A.

### Growth Monitoring

70.2% of the children had a growth monitoring card<sup>2</sup>. Among the children having the growth monitoring card 86.9% were weighed at least once during the last three months. Among all the children in the sample size 61.8 were weighed at least once in the last three month. 56.7% of the mothers declared they would go to the health center in case the child was in red space of the growth monitoring card (indicating malnutrition), whereas 35.3 of the mothers declared they, in the same situation, would contact a traditional healer.

### Malaria

22.2% of the children had fever in the last two weeks. Among the mothers whose children had fever in the last two weeks 66.0% gave chloroquine and 52.0% went to the traditional healer.

Among all the mothers in the sample 69.9% of the them declared that in case of fever they would use chloroquine and 43.1% of them said they would go to the health center. Concerning the prevention of malaria, 43.5% of the mothers reported that they use insect-repellent plants and 28.0 cut grass around the house.

### Diarrheal Diseases

15.5% of the children had had diarrhea in the two weeks preceding the survey. 78.3% of the mothers whose children had diarrhea in the last two weeks declared that they maintained or increased the breastfeeding: 37.8% breastfed the same as usual and 40.5% breastfed more than usual. 73% of the mothers whose children had diarrhea in the last two weeks declared they maintained or increased the amount of liquid: 59.5% gave more liquid than usual and 13.5% gave the same amount. 70.2% of the mothers whose children had diarrhea in the last two weeks declared they maintained or increased the amount of foods: 45.9% gave more than usual, and 24.3% gave the same amount of food.

---

<sup>2</sup> SCF/Staff stated that in the last six months there was a shortage of growth monitoring card.

Concerning the knowledge of diarrhea symptoms 29.0% of the mothers declared that dry mouth, sunken eyes, decreased urine are important symptoms of children's dehydration. As for knowledge regarding important actions a mother should take if the child had diarrhea 51.9% of them said to go to the hospital, 61.1% declared they would give to the child more to drink than usual. As for the action to take when a child is recovering from diarrhea 61.1% of the mothers declared they would give more foods than usual.

### Immunization

51.3% of the mothers knew that nine months is the correct age to vaccinate the child against measles. 81.6% of the mothers knew that the main reason for a pregnant woman to be immunized with tetanus toxoid vaccine is to protect the mother and the newborn against tetanus. 87.1% of the mothers knew that two or more tetanus toxoid injections are needed to protect the mother and the newborn from tetanus: almost half of the mothers in the sample (49.0%) said more than two tetanus toxoid injections and 38.1% of the mothers in the sample said two tetanus toxoid injections.

Respectively 93.0%, 91.5%, 76.1%, 49.3% of all the children 12-23 months of age were immunized with BCG, DPT1, DPT2, and DPT3 (according to the immunization card). 50.0% of the same children were fully immunized (according to the immunization card). The dropout rate (DPT1-DPT3/DPT1) is 45.2%

Among the children 12-23 having a vaccination card 98.5%, 97.0%, 80.6%, 52.2%, 77.6% and 52.2% were immunized against BCG, DPT1, DPT2, DPT3, measles, with a dropout rate (DPT1-DPT3/DPT1) of 46.1%.

### Maternal Care

88.3% of the mothers had a vaccination card. Among women with a vaccination card 97.2% had two or more TT vaccinations. 85.8 of the mothers in the sample had two or more TT vaccinations. 60.1% of the mothers had a prenatal card. Among the mothers with a prenatal card 79.6% did at least two visits. 48.9% of the mothers received two or more ante-natal visits.

Concerning family planning, 82.7% of the mothers interviewed (excluding the pregnant women) declared they did not want a child in the next two years. Among these women 16.6% are using a contraceptive method. The utilization rate of modern contraceptives was 0.8%.

62.7% of the mothers interviewed knew that they should see a health worker at least three times during their pregnancy. 84.1% of the mothers declared that a pregnant woman should eat food rich in iron and protein (eggs, fish, meat). 91.8% of the mothers knew that a pregnant woman should eat leafy green vegetable. 82.7% of the women declared they were assisted by a traditional birth attendant during their delivery.

### C. Comparison of Final Survey Results with National results

It is very interesting to compare the overall results of the survey in the district of Kolondieba with the national rates, where possible.

The national percentage for immunization are lower than the SCF/Kolondiéba: the BCG 78% nationally 93.% in Kolondiéba, DPT1 66% nationally 91% in Kolondiéba, DPT2 48% nationally 76% in Kolondiéba, DPT3 29% nationally and 49% in Kolondiéba, fully immunized is 22% The survey results for the project focus area revealed that the fully immunized were 49%.

Concerning TT vaccination, 30% of the women, nationally, received 2 TT vaccination, whereas in the Kolondiéba area 85% of the women received more than two TT vaccinations. 7% of mothers at the national level know the importance of the TT immunization to protect the newborn; compared with 81% of mothers in the project area who know the importance of the TT to protect the newborn and the mother.

Concerning prenatal care activity, 15% of the women in rural area receive prenatal consultations whereas in the Kolondiéba area 48% of the mothers received at least two prenatal visits.

### VI. SURVEY COSTS

Fuel for motor vehicle	\$480.98
Food allowances	\$184.88
Interviewers & Supervisors per diem	\$437.3

Paper and stationary	\$350.00
Expenses Survey Trainer	\$2,235.74
Expenses SCF/HQ	\$2,235.74
TOTAL	\$5,921.00

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APPENDIX 1 Survey Questionnaire -- English Version

APPENDIX 2 Survey Questionnaire -- French Version

APPENDIX 1

PVO/COUNTRY \_\_\_\_\_

IDNUM: \_\_\_\_\_

PVO Child Survival Knowledge & Practice Questionnaire  
SAVE THE CHILDREN\MALI

All questions are to be addressed to the mother (women 15-49 years old) with a child under two (less than 24 months old)

Interview date \_\_/\_\_/91 Reschedule interview \_\_/\_\_/91

(dd/mm)

(dd/mm)

Interviewer name \_\_\_\_\_

Supervisor \_\_\_\_\_

1. Name and age of the mother

Name \_\_\_\_\_

Age (years) \_\_\_\_\_

2. Name and age of the child under two years old

Name \_\_\_\_\_

Birth date \_\_/\_\_/\_\_ (dd/mm/yy)

Age in months \_\_\_\_\_

Community \_\_\_\_\_

- 3.a What is the highest educational level you attained?

- |                     |     |
|---------------------|-----|
| 1. no education     | [ ] |
| 2. coranic school   | [ ] |
| 3. literacy         | [ ] |
| 4. primary school   | [ ] |
| 5. secondary school | [ ] |

- 3.b Do you know how to read and write?

- |        |     |
|--------|-----|
| 1. yes | [ ] |
| 2. no  | [ ] |

Breastfeeding/Nutrition

4. Are you breastfeeding (name of child)?  
1. yes [ ] ---> go to 6  
2. no [ ]
5. Have you ever breast-fed (name of child)?  
1. yes [ ]  
2. no [ ]
6. a. Are you giving (name of child) water (or herbal teas)?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- b. Are you giving (name of child) bottle milk?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- c. Are you giving (name of child) semisolid foods such as  
gruels, porridge or semolina?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- d. Are you giving (name of child) fruits or juices?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- e. Are you giving (name of child) carrot, mango or papaya?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- f. Are you giving (name of child) leafy green vegetables,  
such as spinach?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- g. Are you giving (name of child) meat or fish?  
1. yes [ ]  
2. no [ ]  
3. doesn't know [ ]
- h. Are you giving (name of child) lentils, peanuts, or  
beans?  
1. yes [ ]

- 2. no ☐
- 3. doesn't know ☐
- i. Are you giving (name of child) eggs or yogurt?
  - 1. yes ☐
  - 2. no ☐
  - 3. doesn't know ☐
- j. Are you adding leafy green vegetables, such as spinach, to (name of child)'s food?
  - 1. yes ☐
  - 2. no ☐
  - 3. doesn't know ☐
- k. Are you adding honey or sugar to (name of child)'s meals?
  - 1. yes ☐
  - 2. no ☐
  - 3. doesn't know ☐
- l. Are you adding fat (lard) or oil to (name of child)'s meals?
  - 1. yes ☐
  - 2. no ☐
  - 3. doesn't know ☐
- 7. When should a mother start adding foods to breastfeeding?
  - 1. start adding between 4 and 6 months ☐
  - 2. start adding earlier than 4 months ☐
  - 3. start adding 6 months or later ☐
  - 4. doesn't know ☐
- 8. What should those additional foods to breastfeeding be? (multiple answers possible; record all answers)
  - a. doesn't know ☐
  - b. add oil to food ☐
  - c. give food rich in Vitamin A ☐
  - d. give food rich in iron ☐
  - e. other (specify) \_\_\_\_\_ ☐

#### Growth Monitoring

- 9. Does (name of child) have a growth monitoring/promotion card?
  - 1. yes ☐ (must see card)
  - 2. lost card ☐ ----> go to 11
  - 3. no ☐ ----> go to 11



10.

```
1. yes      [ ]
2. no       [ ]
```

11. If the weight of the child is within the red space, what a mother has to do?

(multiple answers possible; record each answer)

- |    |                            |     |
|----|----------------------------|-----|
| a. | Go to the health center    | [ ] |
| b. | visit a traditional healer | [ ] |
| c. | Other _____                | [ ] |
| d. | do not know                | [ ] |

## Malaria

12. Did (name of the child) have fever in the last two weeks?

- ```

1.  yes      [ ]
2.  no       [ ]---> go to 14
3.  do not know [ ]---> go to 14

```

13. When (name of the child) had fever, what did you do?

(multiple answers possible; record each answer)

(multiple answers possible; record all answers)

- a. took the child to the general hospital/health center [ ]
- b. took the child to the traditional healer [ ]
- c. took the child to the Village Health Worker [ ]
- d. gave the child chloroquine [ ]
- e. gave herbal medicine [ ]
- f. other (specify) \_\_\_\_\_ [ ]
- g. do not know [ ]

14. What are important actions you should take if (name of the child) had fever?

(multiple answers possible; record all answers)

- a. take the child to the general hospital/health center [ ]
- b. take the child to the traditional healer [ ]
- c. take the child to the Village Health Workers [ ]
- d. give the child chloroquine [ ]
- e. give herbal medicine [ ]
- f. other (specify) \_\_\_\_\_ [ ]
- g. do not know [ ]

15. What can you do to prevent members of your family from getting malaria?

(multiple answers possible; record each answer)

- a. do nothing [ ]
- b. fill in ditches in and around the villages [ ]
- c. sleep under mosquito net [ ]
- d. cut grass [ ]
- e. insect-repellent plant [ ]
- f. other (specify) \_\_\_\_\_ [ ]
- g. do not know [ ]

#### Diarrheal Diseases

16. Has (name of child) had diarrhea during the last two weeks?

- 1. yes [ ]
- 2. no [ ] ---> go to 24
- 3. doesn't know [ ] ---> go to 24

17. During (name of child)'s diarrhea did you breast-feed (read the choices to the mother) .....

- 1. more than usual? [ ]
- 2. same as usual? [ ]
- 3. less than usual? [ ]
- 4. stopped completely? [ ]
- 5. child not breastfed [ ]

18. During (name of child)'s diarrhea, did you provide (name of child) with fluids other than breast-milk ..... (read the choices to the mother)

- 1. more than usual? [ ]
- 2. same as usual? [ ]
- 3. less than usual? [ ]
- 4. stopped completely? [ ]
- 5. exclusively breastfeeding [ ]

19. During (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods .....  
(read the choices to the mother)
1. more than usual? [ ]
  2. same as usual? [ ]
  3. less than usual? [ ]
  4. stopped completely? [ ]
  5. exclusively breastfeeding [ ]
20. When (name of child) had diarrhea, what treatments, if any, did you use?  
(multiple answers possible; record all answers)
- a. nothing [ ]
  - b. ORS sachet [ ]
  - c. sugar-salt solution [ ]
  - d. cereal based ORT [ ]
  - e. infusions or other fluids [ ]
  - f. anti-diarrhea medicine or antibiotics [ ]
  - g. other specify \_\_\_\_\_ [ ]
21. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
1. yes [ ]
  2. no [ ] ---> go to 24
22. From whom did you seek advice or treatment for the diarrhea of (name of child)?  
(multiple answers possible; record each answer)
- a. general hospital [ ]
  - b. health center/clinic/post [ ]
  - c. private clinic/doctor [ ]
  - d. pharmacy [ ]
  - e. village health worker [ ]
  - f. traditional healer [ ]
  - g. traditional birth attendant [ ]
  - h. relatives & friends [ ]
  - i. other (specify) \_\_\_\_\_ [ ]
23. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. vomiting [ ]
  - c. fever [ ]
  - d. dry mouth, sunken eyes, decreased urine output (dehydration) [ ]
  - e. diarrhea of prolonged duration (at least 14 days) [ ]
  - f. blood in stool [ ]
  - g. loss of appetite [ ]
  - h. weakness or tiredness ~ [ ]
  - i. other (specify) \_\_\_\_\_ [ ]

24. What are important actions you should take if (name of child) has diarrhea?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. take the child to the general hospital/health center [ ]
  - c. give the child more to drink than usual [ ]
  - d. give the child smaller more frequent feeds [ ]
  - e. withhold fluids [ ]
  - f. withhold foods [ ]
  - g. other (specify) \_\_\_\_\_ [ ]
25. What are important actions a mother should take when a child is recovering from diarrhea?  
(multiple answers possible; record all answers)
- a. doesn't know [ ]
  - b. give the child smaller more frequent feeds [ ]
  - c. more foods than usual [ ]
  - d. give foods with high caloric content [ ]
  - e. other (specify) \_\_\_\_\_ [ ]

#### Immunizations

26. Has (name of child) ever received any immunizations?
- 1. yes [ ]
  - 2. no [ ]
  - 3. doesn't know [ ]
27. At what age should (name of child) receive measles vaccine?
- 1. specify in months [\_\_\_/\_\_\_]
  - 2. doesn't know [\_\_\_] (99)
28. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
- 1. to protect both mother/newborn against tetanus [ ]
  - 2. to protect only the woman against tetanus [ ]
  - 3. to protect only the newborn against tetanus [ ]
  - 4. doesn't know or other [ ]
29. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
- 1. one [ ]
  - 2. two [ ]
  - 3. more than two [ ]
  - 4. none [ ]
  - 5. doesn't know [ ]
30. Do you have an immunization card for (name of child)?
- 1. yes [ ] (must see card)
  - 2. lost it [ ] ---> go to 32
  - 3. never had one [ ] ---> go to 32

Look at the vaccination card and record the dates of all the immunizations in the space below (dd/mm/yy)

31.

|         |     |   |   |   |   |   |   |
|---------|-----|---|---|---|---|---|---|
| BCG     |     | - | / | - | / | - | - |
| OPV     | 1st | - | / | - | / | - | - |
|         | 2nd | - | / | - | / | - | - |
|         | 3rd | - | / | - | / | - | - |
| DPT     | 1st | - | / | - | / | - | - |
|         | 2nd | - | / | - | / | - | - |
|         | 3rd | - | / | - | / | - | - |
| Measles |     | - | / | - | / | - | - |

#### MATERNAL CARE

32. Do you have a maternal health card?
1. yes (must see card) [ ]
  2. lost it ---> go to 34 [ ]
  3. no ---> go to 34 [ ]

33. Look at the maternal health card and record the number of TT vaccinations in the space below:

1. one [ ]
2. two or more [ ]
3. none [ ]

34. Do you have a prenatal card?
- 1. yes (must see card) ☐
  - 2. lost it ---> go to 36 ☐
  - 3. no ---> go to 36 ☐

35.

Record whether the mother ever made any antenatal visit?

- 1. one or ☐
- 2. two or more ☐
- 3. none ☐

36. Are you pregnant now?
- 1. yes ☐ ---> go to 40
  - 2. no ☐
37. Do you want to have another child in the next two years?
- 1. yes ☐ ---> go to 40
  - 2. no ☐
  - 3. doesn't know ☐
38. Are you currently using any method to avoid/postpone getting pregnant?
- 1. yes ☐
  - 2. no ☐ ---> go to 40
39. What is the main method you or your husband are using now to avoid/postpone getting pregnant?
- 1. tubal ligation ☐
  - 2. Norplant ☐
  - 3. injections ☐
  - 4. pill ☐
  - 5. IUD ☐
  - 6. barrier method/diaphragm ☐
  - 7. condom ☐
  - 8. foam/gel ☐
  - 9. exclusive breast-feeding ☐
  - 10. rhythm ☐
  - 11. abstinence ☐
  - 12. coitus interruptus ☐
  - 13. other ☐

40. What foods are good for a pregnant woman to eat to prevent pregnancy anemia?

(multiple answers possible; record all answers)

- a. doesn't know [ ]
- b. proteins rich in iron (eggs, fish, meat) [ ]
- c. leafy green vegetables, rich in iron [ ]
- d. other (specify) \_\_\_\_\_ [ ]

41. At the delivery of (name of child), who tied and cut the cord?

- 1. yourself [ ]
- 2. family member [ ]
- 3. traditional birth attendant [ ]
- 4. health professional (physician, nurse or midwife) [ ]
- 5. other (specify) \_\_\_\_\_ [ ]
- 6. doesn't know [ ]

## APPENDIX 2

IDNUM: \_\_\_\_\_

### SURVIE DE L'ENFANT ENQUETE CONNAISSANCE ET PRATIQUE SAVE THE CHILDREN/MALI

Toutes les questions doivent être posées à la mère (femmes de 15 à 49 ans) avec un enfant de moins de deux ans.

Date de l'enquête \_\_\_\_/\_\_\_\_/\_\_\_\_/

Arrond \_\_\_\_\_ Secteur \_\_\_\_\_ Village \_\_\_\_\_

Cour \_\_\_\_\_ Menage \_\_\_\_\_

Nom de l'enquêteur \_\_\_\_\_

Superviseur \_\_\_\_\_

1. Nom et âge de la mère

Nom \_\_\_\_\_ Age (années) \_\_\_\_\_

2. Nom et âge de l'enfant de moins de deux ans

Nom \_\_\_\_\_

Date de Naissance \_\_\\_\_\\_\_ Age en mois \_\_\_\_\_

(jj\mm\aa)

#### Instruction/Alphabetisation

3.a Quel est le niveau le plus haut d'instruction que vous avez atteint?

- |    |                                           |     |
|----|-------------------------------------------|-----|
| 1. | pas d'instruction                         | [ ] |
| 2. | ecole coranique                           | [ ] |
| 3. | alphabetisation (et pas d'école formelle) | [ ] |



4. école primaire (1-6) ☐ ☐
5. second cycle (7 ans) et au-dessus ☐

3.b Est-ce que vous savez lire et écrire?

1. oui ☐
2. non ☐

### Allaitement Maternel/Nutrition

4. Donnez-vous actuellement le sein à (nom de l'enfant)?

1. oui ☐ -----> aller à 6
2. non ☐

5. Avez-vous jamais donné le sein à (nom de l'enfant)?

1. oui ☐
2. non ☐

6. a. Donnez-vous de l'eau (ou tisane) à (nom de l'enfant)?

1. oui ☐
2. non ☐
3. ne sait pas ☐

b. Donnez-vous le lait de chèvre ou de vache à (nom de l'enfant)?

1. oui ☐
2. non ☐
3. ne sait pas ☐

c. Donnez-vous de la bouillie à (nom de l'enfant)?

1. oui ☐
2. non ☐
3. ne sait pas ☐

d. Donnez-vous des fruits ou des jus à (nom de

l'enfant)?

1. oui ☐
2. non ☐
3. ne sait pas ☐

e. Donnez-vous des mangues, des papayes ou courge à (nom de l'enfant)?

1. oui ☐
2. non ☐
3. ne sait pas ☐

f. Donnez-vous des légumes verts, comme les feuilles fraîches de baobab à (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

g. Donnez-vous de la viande ou du poisson à (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

h. Donnez-vous des arachides, haricots à (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

i. Donnez-vous des oeufs à (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

j. Ajoutez-vous des légumes verts, tels que les feuilles de baobab, patates, manioc, aubergine aux repas de (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

k. Ajoutez-vous du miel ou du sucre aux bouillies de (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

l. Ajoutez-vous du beurre de karité aux bouillies de (nom de l'enfant)?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

7. A quel age de l'enfant une mère devrait-elle commencer à donner de la nourriture en plus du lait maternel?
1. commencer à donner entre 4 et 6 mois ☐
  2. commencer à donner avant le quatrième ☐ mois
  3. commencer à donner à partir de ou au delà de six mois ☐
  4. ne sait pas ☐

8. Quelle est cette nourriture complémentaire?  
(plusieurs réponses possibles: noter toutes les réponses)
- a. ne sait pas ☐
  - b. ajouter le beurre de karité à la bouillie ☐
  - c. donner des repas riches en foie, lait, ☐
  - d. donner des repas riches en feuille de patate, de baobab, de courge ☐ feuille
  - e. autre ☐

### Croissance Pondérale

9. Avez-vous une Fiche de Croissance pour (nom de l'enfant)?
1. oui ☐ (Il faut voir la carte)
  2. perdue ☐-----> aller à 11
  3. jamais eue ☐-----> aller à 11
10. Regarder la Fiche de Croissance de (nom de l'enfant) et noter l'information suivante: L'enfant a-t-il été pesé durant les 3 derniers mois?
1. oui ☐
  2. non ☐
11. Si le poids de l'enfant se situe dans la bande rouge qu'est-ce qu'une mère doit faire?  
(plusieurs réponses possibles: noter toutes les réponses)
- a. Aller au centre de santé ☐
  - b. Consulter le guérisseur traditionnel ☐
  - c. Autre ☐
  - d. Ne sait pas ☐

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### Paludisme

12. Est-ce que (nom de l'enfant) a ou a eu de la fièvre pendant les derniers 15 jours?

1. oui ☐  
2. non ☐ ----> aller à 14  
3 ne sait pas ☐ ----> aller à 14

13. Quand (nom de l'enfant) avait la fièvre, qu'est ce que vous avez fait ?  
(plusieurs réponses possibles: noter toutes les réponses)

- a. Je n'ai rien fait ☐  
b. j'ai amené l'enfant à l'hôpital/centre de santé ☐  
c. j'ai amené l'enfant chez le guérisseur traditionnel ☐  
d. j'ai amené l'enfant à l'agent villageois de santé/matrone ☐  
e. j'ai donné la nivaquine à l'enfant ☐  
f. autre (à spécifier) ☐ \_\_\_\_\_  
g ne sait pas ☐

14. Quelles sont les actions importantes à prendre si (nom de l'enfant) a de la fièvre?  
(plusieurs réponses possibles: noter toutes les réponses)

- a. Je ne fais rien ☐  
b. j'amène l'enfant à l'hôpital/centre de santé ☐  
c. j'amène l'enfant chez le guérisseur traditionnel ☐  
d. j'amène l'enfant à l'agent villageois de santé ☐  
e. je donne la nivaquine à l'enfant ☐  
f. autre (à spécifier) ☐ \_\_\_\_\_  
g. ne sait pas ☐

15. Que pouvez-vous faire pour éviter qu'un membre dans votre famille n'attrape pas le paludisme?  
(plusieurs réponses possibles: noter toutes les réponses)

- a. rien ☐  
b. remplir les fossés autour du village ☐

- |    |                     |                             |                          |                          |
|----|---------------------|-----------------------------|--------------------------|--------------------------|
|    | c.                  | dormir sous la moustiquaire | <input type="checkbox"/> |                          |
|    | d.                  | couper l'herbe              |                          | <input type="checkbox"/> |
|    | e.                  | plantes à odeur répulsive   | <input type="checkbox"/> |                          |
| f. | autre (à spécifier) |                             | <input type="checkbox"/> |                          |
|    | g.                  | ne sait pas                 |                          | <input type="checkbox"/> |

### Maladies Diarrhéiques

16. Est-ce que (nom de l'enfant) a ou a eu de la diarrhée pendant les derniers 15 jours?
- |    |             |                          |                          |                  |
|----|-------------|--------------------------|--------------------------|------------------|
|    | 1.          | oui                      | <input type="checkbox"/> |                  |
|    | 2.          | non                      | <input type="checkbox"/> | ----> aller à 23 |
| 3. | ne sait pas | <input type="checkbox"/> | ---->                    | aller à 23       |
17. Pendant la diarrhée de (nom de l'enfant), avez-vous donné le sein (lisez les choix à la mère) . . . .
- |  |    |                        |                          |                          |
|--|----|------------------------|--------------------------|--------------------------|
|  | 1. | plus que d'habitude    | <input type="checkbox"/> |                          |
|  | 2. | comme d'habitude       | <input type="checkbox"/> |                          |
|  | 3. | moins que d'habitude   | <input type="checkbox"/> |                          |
|  | 4. | arrêté complètement    |                          | <input type="checkbox"/> |
|  | 5. | l'enfant ne tétait pas | <input type="checkbox"/> |                          |
18. Pendant la diarrhée de (nom de l'enfant), avez-vous donné à (nom de l'enfant) des liquides autres que le lait maternel (lisez les choix à la mère) . . . .
- |  |    |                            |                          |                          |
|--|----|----------------------------|--------------------------|--------------------------|
|  | 1. | plus que d'habitude        | <input type="checkbox"/> |                          |
|  | 2. | comme d'habitude           | <input type="checkbox"/> |                          |
|  | 3. | moins que d'habitude       | <input type="checkbox"/> |                          |
|  | 4. | arrêté complètement        |                          | <input type="checkbox"/> |
|  | 5. | seulement du lait maternel | <input type="checkbox"/> |                          |
19. Pendant la diarrhée de (nom de l'enfant), avez-vous donné à (nom de l'enfant) de la nourriture solide ou semisolide (lisez les choix à la mère) . . . .
- |  |    |                            |                          |                          |
|--|----|----------------------------|--------------------------|--------------------------|
|  | 1. | plus que d'habitude        | <input type="checkbox"/> |                          |
|  | 2. | comme d'habitude           | <input type="checkbox"/> |                          |
|  | 3. | moins que d'habitude       | <input type="checkbox"/> |                          |
|  | 4. | arrêté complètement        |                          | <input type="checkbox"/> |
|  | 5. | seulement du lait maternel | <input type="checkbox"/> |                          |

20. Quand (nom de l'enfant) avait la diarrhée, qu'avez-vous fait? (plusieurs réponses possibles: noter toutes les réponses)

- |    |                                    |                          |                          |
|----|------------------------------------|--------------------------|--------------------------|
| a. | rien                               | <input type="checkbox"/> |                          |
| b. | sachet de SRO                      |                          | <input type="checkbox"/> |
| c. | solution salée-sucrée              | <input type="checkbox"/> |                          |
| d. | TRO faite de céréales              | <input type="checkbox"/> |                          |
| e. | infusions ou autres liquides       | <input type="checkbox"/> |                          |
| f. | anti-diarrhéiques ou antibiotiques | <input type="checkbox"/> |                          |
| g. | autre                              | <input type="checkbox"/> |                          |

21. Quand (nom de l'enfant) avait la diarrhée, avez-vous demandé conseil ou un traitement pour la diarrhée de (nom de l'enfant)?

- |    |     |                                          |
|----|-----|------------------------------------------|
| 1. | oui | <input type="checkbox"/>                 |
| 2. | non | <input type="checkbox"/> ---> aller à 23 |

22. Après de qui avez-vous demandé conseil ou traitement pour la diarrhée de (nom de l'enfant) (plusieurs réponses possibles: noter toutes les réponses)

- |    |                               |                                |
|----|-------------------------------|--------------------------------|
| a. | hôpital général               | <input type="checkbox"/>       |
| b. | centre de santé/clinique/post | <input type="checkbox"/>       |
| c. | clinique privée/médecin       | <input type="checkbox"/>       |
| d. | pharmacie                     | <input type="checkbox"/>       |
| e. | agent de santé villageois     | <input type="checkbox"/>       |
| f. | guérisseur traditionnel       | <input type="checkbox"/>       |
| g. | accoucheuse traditionnelle    | <input type="checkbox"/>       |
| f. | parents/amis                  | <input type="checkbox"/>       |
| g. | autre (specifier)             | <input type="checkbox"/> _____ |

23. Quels signes/symptomes vous feraient demander conseil ou traitement pour la diarrhée de (nom de l'enfant)? (plusieurs réponses possibles: noter toutes les réponses)

- |    |                                                                                 |                                |
|----|---------------------------------------------------------------------------------|--------------------------------|
| a. | ne sait pas                                                                     | <input type="checkbox"/>       |
| b. | vomissement                                                                     | <input type="checkbox"/>       |
| c. | fièvre                                                                          | <input type="checkbox"/>       |
| d. | bouche seche, yeux enfoncés, diminution de la quantité d'urine (déshydratation) | <input type="checkbox"/>       |
| e. | diarrhée prolongée (au moins 14 jours)                                          | <input type="checkbox"/>       |
| f. | sang dans les selles                                                            | <input type="checkbox"/>       |
| g. | manque d'appétit (refus de tétée)                                               | <input type="checkbox"/>       |
| h. | faiblesse ou fatigue                                                            | <input type="checkbox"/>       |
| i. | autre (à spécifier)                                                             | <input type="checkbox"/> _____ |

24. Quelles sont les actions les plus importantes que vous devriez faire si (nom de l'enfant) avait la diarrhée?

(plusieurs réponses possibles: noter toutes les réponses)

- a. ne sait pas ☐
- b. amener l'enfant à l'hôpital/dispensaire/maternité ☐
- c. donner à l'enfant plus à boire que d'habitude ☐
- d. donner à l'enfant de la nourriture en plus de petites quantités et plus souvent ☐
- e. arrêter de lui donner des liquides ☐
- f. arrêter de lui donner de la nourriture ☐
- g. autre(specifier) \_\_\_\_\_ ☐

25. Quelles sont les actions les plus importantes qu'une mère devrait faire quand un enfant est en train de se remettre de la diarrhée?  
(plusieurs réponses possibles: noter toutes les réponses)

- a. ne sait pas ☐
- b. donner à l'enfant de la nourriture en plus petites quantités et plus souvent ☐
- c. plus de nourriture que d'habitude ☐
- d. autre (specifier) \_\_\_\_\_ ☐

### IMMUNISATION

26. Est-ce que (nom de l'enfant) a déjà été vacciné?

- 1. oui ☐
- 2. non ☐
- 3. ne sait pas ☐

27. A quel âge (nom de l'enfant) devrait être vacciné contre la rougeole?

- 1. spécifier en mois ☐
- 2. ne sait pas ☐



28. Pouvez-vous dire la raison principale pour laquelle une femme enceinte a besoin d'être vaccinée contre le tétanos?

1. pour protéger la femme/nouveau-né contre le tétanos ☐
2. pour protéger seulement la mère contre le tétanos ☐
3. pour protéger seulement le nouveau-né contre le tétanos ☐
4. ne sait pas ou autre ☐

29. Combien de vaccinations une femme enceinte a-t-elle besoin pour protéger le nouveau-né et la mère contre le tétanos?

1. une ☐
2. deux ☐
3. plus que deux ☐
4. aucun ☐
5. ne sait pas ☐

30. Avez-vous une carte de vaccination pour (nom de l'enfant)?

1. oui ☐ (Il faut voir la carte)
2. perdue ☐ -----> aller à 32
3. jamais eue ☐ -----> aller à 32

31. Regarder la carte de vaccination et noter la dates de toutes les vaccinations dans les espaces au-dessous.

(j /m /a)

BCG / /

Polio 1ere / /   
2eme / /   
3eme / /

DTCoq 1ere / /   
2eme / /   
3eme / /

Rougeole / /

### Soins Maternels/Planning Familial

32. Avez-vous une carte de vaccination maternelle?

- 1. oui ☐ (Il faut voir la carte)
- 2. perdue ☐-----> aller à 34
- 3. jamais eu une ☐-----> aller à 34

33. Regarder la carte de vaccination et noter le nombre de vaccinations contre le tétanos dans l'espace ci-dessous:

- 1. une ☐
- 2. deux ou plus ☐

**N.B. Demander tout autre document.**

34. Avez-vous une carte de consultation prénatale?

- 1. oui ☐ (Il faut voir la carte)
- 2. perdue ☐-----> aller à 36
- 3. jamais eu une ☐-----> aller à 36

35. Est-ce que la mère a eu une visite prénatale?

- 1. une ☐
- 2. deux ou plus ☐

36. Etes-vous enceinte actuellement?

- 1. oui ☐ -----> aller à 40
- 2. non ☐
- 3. ne sait pas ☐

37. Voulez-vous avoir un autre enfant dans les prochains deux ans?

- 1. oui ☐ -----> aller à 40

38. Utilisez-vous ou votre mari une methode pour éviter d'être enceinte?

1. oui ☐
2. non ☐----> aller à 40

39. Quelle methode principale utilisez-vous ou votre mari pour éviter une grossesse rapprochée?

1. ligature des trompes ☐
2. norplant ☐
3. injectable ☐
4. pillule ☐
5. dispositif intrautérin ☐
6. diaphragme ☐
7. condom ☐
8. gel/Spermicide ☐
9. seulement allaitement au sein ☐
10. calendrier menstruel ☐
11. abstinence ☐
12. retrait (coit interrompu) ☐
13. méthode traditionnelle ☐
14. autre ☐ (specifier)

40. Après avoir su d'être en grossesse, combien de fois une femme doit-elle aller chez un agent de santé (medecin, infirmier, sage-femme, matrone)

1. spécifier le nombre de fois ☐
2. ne sait pas ☐

41. Quelle est la composition du repas d'une femme enceinte?  
(plusieurs réponses possibles: noter toutes les réponses)

- a. ne sait pas ☐
- b. aliments (oeufs, poisson, viande) ☐
- c. légumes verts: feuille de baobab, de patate, de courge, de manioc ☐
- d. autre (à spécifier) \_\_\_\_\_ ☐

42. Durant l'accouchement de (nom de l'enfant), qui a coupé le cordon ombilical?

1. vous-même ☐
2. un membre de la famille ☐

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2. non ☐
3. ne sait pas ☐

## **SUSTAINABILITY QUESTIONS AND ISSUES TO BE ADDRESSED BY THE PVO CHILD SURVIVAL PROJECT FINAL EVALUATION**

In order to address the issues described in the sustainability assessment guidelines, the final evaluation team (Dr. Fode Doumbia, project manager, Soleyman Kante, program manager, Peter Laugharn, deputy field office director, and Dr. Ahmed Zayan, PHC coordinator) held several meetings to discuss the issues in detail. Michelle Poulton, SC West Africa subregional director, joined the team at a later date. This process also included interviews with Dr. Bamba Sory, health center manager, and 30 VHCs using a standardized questionnaire (Annex I). The following is a summary of the outcomes of this exercise.

### **A. SUSTAINABILITY STATUS**

Save the Children has been working in the circle of Kolondieba since 1986. Its development program is a community based integrated approach that consists of 6 sectors; health, economic development, sustainable agriculture, literacy training, hydraulics, and basic education. The health component of the program focuses on child survival and family planning. Child survival is currently funded under CS4, and will continue under CS8. CS4 funding will end on August 31, 1992, and CS8 will end on August 31, 1995.

Save the Children/Mali's current policy is to phase over any intervention that could be sustainable to the community or the MOH. Criteria for sustainability are discussed under section E of this report. It includes - most importantly - the practice of new protective behaviors by the families, women's knowledge of their own and their children's health needs, the capacity and willingness of village based institutions such as VHCs to carry on project activities, a demonstrated ability on the part of the VHC to undertake its own initiatives, financial participation in the cost of the services, etc.

Because of its commitment to the people of Kolondieba, SC cannot put a time limit on its interventions. Our goal is to achieve a status wherein communities can continue to take care of the survival of their children without external support. Therefore, SC has been working since the beginning of the project on designing sustainable interventions. During the next three years, SC will gradually phase over to families, VHCs, MOH and other local institutions project interventions that can be sustained.

The CS4 project had seven interventions; Immunization, CDD, GM/P, Nutrition Education, Birth spacing, Prenatal and delivery care, Clean water use, and Malaria control.

The project worked with all the families of each community to promote a set of protective behaviors within each of those interventions. The new behaviors should protect mothers and children against those diseases and conditions that increase their risk of mortality. VHCs have been trained by the project to promote those behaviors in their villages and are expected to continue to do so. This strategy will increase the number of people that practice the new behaviors. Once a threshold is reached, those behaviors will become community norms. Reinforced behaviors among community members include promotion of immunization, use of ORT in the treatment of diarrheal diseases, monitoring the growth of children, providing messages on breastfeeding, promotion of appropriate weaning practices, conducting nutrition education and demonstration sessions, encouragement of birth spacing, promoting the activities that increase access to and maintain the cleanliness of the drinking water, and educating villagers on malaria control measures.

The strategies of the interventions that need financial and/or logistic support are designed in a way that includes a cost recovery mechanism. Project support to the EPI program of the circle of Kolondieba is under continuous discussion with the health and the administrative authorities. With the new political environment in the country that focuses on democratization and decentralization of the decision making process, these discussions are expected to increase government support to the EPI campaign.

The CS8 project will be testing the possibility of training VHC in conducting growth monitoring sessions, and providing them with needed equipment. The project also supports the training of TBAs in prenatal and delivery care, and is currently testing the use of birthing kits that could be purchased by pregnant women for their deliveries. The same practice is also currently being tested for contraceptives and Chloroquine tablets. This pilot work in cost recovery mechanisms is conducted in collaboration with the SC economic development sector in Kolondieba.

The SC hydraulic sector also supports the CS project through training villagers to dig wells. The strategy allowed the creation of professional well digging teams that also assist other than their own villages to dig wells on a compensation basis.

Through these strategies, the project considers that it has or will have in the near future phased over its responsibilities and control to local institutions. Also,

the project has documented several initiatives taken by the communities, such as recruiting and paying the salary of a resident nurse, building maternites through villager financial support, participation of VHC members in promoting and facilitating the immunization campaign, having families pay for immunization cards for their children, and working with the local government authorities to recruit and pay the salary of EPI nurses from tax monies. The project has also supported training programs aimed at increasing the skills and knowledge of the health center staff. Those skills have been reinforced during the joint implementation of the EPI activities with SC's staff.

#### **B. ESTIMATED RECURRENT COSTS AND PROJECTED REVENUES**

Funds needed to sustain project activities include the cost of EPI, the Health Information System and any commodities needed at the village level. EPI is expected to be covered by the national program or by the local administrative authorities. The project will continue to discuss this issue with relevant parties during the next three years under CS8 funding. The HIS cost should be covered by the village health committees who are expected to generate funds from local taxing systems or income generation activities. Commodities such as contraceptives or medications such as Chloroquine will be paid for through cost recovery mechanisms.

As opposed to start-up costs, the project considers recurrent costs as those funds needed to continue project activities until they reach the point of sustainability. Funds needed to cover recurrent costs include personnel, transportation, supplies, and some administrative expenses such as rent. Required recurrent costs should not be needed once the project ends. The project estimates its recurrent costs at the same amount requested yearly in the CS8 proposal. (Approximately \$230,000 per year) These costs are reasonable in the West Africa environment where the cost of living is extremely high in comparison to other third world countries.

Project management have doubts about the ability of the health center or the government of Mali to adequately fund the EPI campaign. Therefore during the implementation of CS8, the project will continue to discuss this issue with appropriate authorities. Also, the computerized HIS is not expected to continue; the project trains VHCs to maintain a manual health information system.

### C. SUSTAINABILITY PLAN

The project's sustainability plan as described in the DIP (Annex II) has six major elements:

1. Create, train, and transfer responsibilities and control to VHCs.
2. Work very closely and in a cooperative fashion with the MOH, on the national, regional and local levels, and other partners who have the same goals or have interventions in the same area of project operation
3. Hire national staff as much as possible , so experience gained during project's implementation remains within the country
4. Increase integration of health activities in the interventions of the other sectors in order to mutually support each other to achieve the overall development goals of the program
5. Reduce project recurrent cost and develop staff responsibilities in a way that could be phased over to local institutions
6. Implement income generation activities in conjunction with project interventions to increase the possibility of cost recovery mechanism.

The last annual report (September 1991) describes in detail the project sustainability plan and its relation to the organization's sustainability policy (Annex III). Sustainability in SC today focuses on behavioral change, reinforcement of local institutions, and lobbying for active policy reform. A striking example of the latter is the ability of the project to change the national policy of immunizing only pregnant women to immunizing all women of child bearing age. The project documented the impact of this policy change by demonstrating a reduction in mortality due to Tetanus Neonatorum.

The project has also negotiated with the government changing its policy on prescriptive contraceptives. Now, women only need to see the clinician once for prescriptive contraceptives. Monthly resupply can be done without this consultation. This change will have a strong positive effect on the new strategy of Community Based Distribution for contraceptives, and the prospect for child spacing.

As described in section A, all the aspects of the sustainability plan have been addressed during the implementation of the project.

No counterpart institution that made a financial commitment during the design of the project to sustain its activities has not kept its commitments. The MOH continue to pay their share of the EPI cost, Project Mali-Suisse



supported the TBA training, the medical school sent three physicians to participate in the implementation of the project, and the Family Planning Association of Mali provides support in the supply of contraceptives.

Among the 30 VHCs interviewed, 28 were aware of the commitments they made during the planning of the project. All said that they kept their commitments. Stated reasons included factors such as the project's responsiveness to village needs; benefits brought to the village; development of the village; protection of population against diseases; increase in the well being of the population raising of confidence in the VHC; and increase in the level of knowledge in health. Also the VHC said that they need to learn from SC health animators, they appreciate the work and perceive it as important, they noticed that many children's health is improving, and they are sure that they will continue the activities even if the health agent does not come. The VHCs also said that they have seen the benefits of the project such as the reduction in the mortality of children and the reduction in the number of pregnant women.

The two villages who said they could not keep their commitments stated financial reasons as the main constraint.

#### **D. MONITORING AND EVALUATION OF SUSTAINABILITY**

The project has been using several indicators to track its progress towards sustainability. Examples of these indicators include:

1. Number and percentage of VHCs trained
2. Number and percentage of active VHCs
3. Number and percentage of initiatives taken by VHCs
4. Number and percentage of independently planned and financed EPI campaigns
5. Number and percentage of enterprises created to finance health interventions
6. Number and percentage of trained personnel who are external to the project
7. Number and percentage of families reporting use of ORT in the treatment of diarrhea
8. Number and percentage of children 12-36 months who participated in GM/P at least 3 times during the previous year

The project documented in its annual and semiannual reports a continuous improvement in those indicators.

World Vision/Mali and the MOH participated with SC in conducting the midterm evaluation. The regional health officer was expected to participate in the final evaluation but events in the country prevented him from attending.

## E. COMMUNITY PARTICIPATION

The following discussion is based on the analysis of the 30 VHC questionnaires.

28 out of 30 (93.3%) VHC interviewed said that they participated in the design and the implementation of the project health services. During the planning phase extensive meetings were conducted by the project with community leaders to discuss village needs and the best appropriate strategies to address them. The project also conducted an area study at its inception. The HIS was a large exercise conducted with all community leaders and families to discuss their health needs. The analysis of the 30 VHC interviews showed that 100% (30) of them participated in the design and the implementation of CDD, 96.75 (29) in GM/P, 93.3% (28) in immunization and general hygiene, 76.7% (23) in clean water use, 56.5% (17) in pre and postnatal care, and 27.6% (8) in other interventions such as proper disposal of excreta, family planning, and women's mobilization.

30 out of 30 (100%) VHCs interviewed said that they are functional. 56.7% (17) meet more than once every two months, 23.3% (7) less than once every 2 months, and 10% (3) less than once every trimester. Most of the VHCs are representative of their communities; 90% (27) are elected members, and 6.7% (2) are chosen by the village chief.

The following is a breakdown of the topics discussed during the last meeting by the interviewed VHCs. The denominator in all the percents is 30.

|                         |       |      |
|-------------------------|-------|------|
| Immunization            | 23%   | (7)  |
| ORT                     | 10%   | (3)  |
| GM/P                    | 20%   | (6)  |
| Nutrition demonstration | 10%   | (3)  |
| General hygiene         | 43.3% | (13) |
| Clean water use         | 10%   | (3)  |
| Pre/post natal care     | 6.7%  | (2)  |
| Other                   | 26.7% | (8)  |

The VHC interviews showed that several important decisions were taken during their meetings. Examples of those decisions include: Ask the families to clean around their houses, close the top of the well after using it, institute a fine for non compliance, motivate participation in GM/P sessions, ask the family trainer to provide needed equipment so the VHC can do the GM/P sessions themselves, distribute the tasks among the members who have to provide feedback of their work to the committee, pay an amount of money to women with malnourished children so they can feed them, clean the village once every Friday, try to find

resources to build a maternite, promote prenatal consultation among all women, promote deliveries in the maternite, teach families of the consequences of living in unclean surroundings, prevent doing the laundry around the well or inside the homes, promote women's participation in vaccination campaigns, promote payment of 10 F. per mother to sustain nutrition demonstration activities, promote appropriate weaning practices and ORT use among mothers.

30 out of 30 (100%) of VHCs interviewed said that they perceive the child survival activities as effective at meeting current health needs. Community leaders interviewed are the members of the VHCs. VHCs consist of the village health agent, the TBA, and 2 to 5 community members interested in volunteering time and effort to address the health needs of the community.

24 out of 30 (80%) VHCs interviewed said that they contributed human resources, 46.7% (14) contributed financial resources, 3.3% (1) materiels, and 30% (9) other. The others group included items such as installing a village bank, literacy training, collective gardens, and designing tasks for young people in community development. These contributions are expected to continue, and to increase in some instances, after the end of project funding.

#### **F. ABILITY AND WILLINGNESS OF COUNTERPART INSTITUTIONS TO SUSTAIN ACTIVITIES**

During its life the project has established linkage with several local institutions such as CERPOD, Projet Mali Suisse, the school of medicine, the MOH on the national, regional, and local levels, and the VHCs. Most of the cooperation was based on joint planning of project activities which the other institution took part in the implementation of. Some of this cooperation involved the provision of supplies and materiels. The local health center in Kolondieba worked in collaboration with the project to equip one maternite. The project collaborated with the national EPI program to ensure uninterrupted supply of vaccines in the circle. Recently, SC has been awarded a grant from the local USAID mission to become a lead sector grant for child survival in Mali. This initiative will increase the collaboration between SC and other international and national PVOs working in Mali.

MOH staff and personnel from other cooperating agencies participate in the training conducted by the project. ALL EPI training, implementation, monitoring, and supervision was done with the participation of the health center staff. VHCs members, TBAs, and other village health agents have been trained independently or with project staff on child survival interventions. The project is in continuous

discussions with the MOH on the national and the local levels and the VHCs on the issue of recovering the cost of needed supplies and materials. Save the Children nurses also work closely with their MOH counterparts to transfer needed skills and knowledge. The family trainers work at their level to train VHCs and village health agents to increase their capacity to implement project activities.

The evaluation team had a meeting with Dr. Bamba Sory, the chief medical officer for the health center in Kolondieba, to discuss the sustainability issue. Dr. Bamba stated the importance of the project's interventions in improving the general health status of the population. He stated areas of collaboration such as supervision, conception of activities, and meetings for discussions and planning. He also said that the project inputs in the education of the communities on protective behaviors are indispensable for their health and well being. He appreciated the help that the project provides to the EPI program, but he expects that complete phase out of the project at that point will undermine the ability of the health center to carry on the program. He also stated as areas of collaboration the research conducted by CERPOD, training, and logistical and financial support. He would like the project to continue for a while, work to increase its support to the sub-arrondissement (secteur) level, and plan a phase out strategy. He noted that in the long run, it is possible that the MOH and/or the communities can fund the cost of the needed services. He would also like to continue joint supervision activities to increase the transfer of skills and knowledge from SC to the health center staff.

#### **G. PROJECT EXPENDITURES**

The financial accounting section of this package includes a comparative pipeline analysis of the project's budget. All project funds were expended as planned. Two line items (travel and indirect cost) have been overspent and another two (consultants and equipment) were underspent. Due to the fluctuation in the exchange rates and the consequent reduction in the value of the US dollar, the project spent all the funds two months before the end of its lifetime. The USAID local mission in Mali covered the extra cost.

#### **H. ATTEMPTS TO INCREASE EFFICIENCY**

In an attempt to increase efficiency and reduce its recurrent costs, the project implemented several strategies such as:

1. Project's staff is based in Kolondieba, supervisors and family trainers in their corresponding villages
2. No expatriate positions

3. With only one project vehicle, all the staff are using motorcycles for transportation. This cuts fuel cost and allowed the project to reach all the corners of the circle which has a surface area of 9,200 kilometers.
4. The use of the HIS made the implementation of the activities in a very large population much cheaper
5. The MOH is partially participating in the cost of the EPI campaign
6. Women bring their own food during the nutrition demonstration sessions
7. Training programs are done in the field to cut the cost of living in the capital city
8. Village pharmacies are covered by cost recovery mechanisms.

#### **I. COST RECOVERY ATTEMPTS**

Cost recovery mechanisms implemented by the project to offset project expenditures include:

1. Selling the growth monitoring and vaccination cards to the families
2. Promotion and establishment of village pharmacies
3. Contribution of the MOH and the local administrative authorities to the vaccination campaigns
4. Mobyettes used for the project are purchased by project staff during a period of 3 years (Hire-Purchase)

Cost recovery mechanisms designed by the project were implemented by project staff, VHCs, and the health center for Kolondieba; depending on their nature. Implementing these activities did not reduce the time and efforts of the health staff committed to delivering health services. During the life of the project an estimated amount of \$50,000 was recovered. This amount justifies the effort and funds required to implement the cost recovery mechanisms.

Reasons for the success of these efforts were their complete integration in project activities. Also, money paid by the communities was perceived, as discussed during the VHC interviews, as essential to the health and well being of the community children. None of these efforts had an effect on the PVO reputation in the community, and they did not result in any inequities in service.

#### **J. HOUSEHOLD INCOME GENERATION**

SC's program in Kolondieba implemented several economic development activities. Examples include small scale

enterprises, village union banking systems, credit, etc. Those programs are targeted mainly to women with the assumption that the women is more likely to spend the extra income on her children. Revenues from these programs are used to build revolving funds at the community level for future investment. Some of this money are used to support primary health care services such as the Chloroquine revolving funds.

The project is currently examining whether an increase in household revenues will lead to a greater awareness of and commitment to social programs, especially health. There are signs of this happening in some villages where small sums have been set aside for such items such as cord care equipment, transport costs to nearest health center, and payment of community health worker salaries.

SC's income generating activities fall mostly outside the realm of health interventions per se, except for the efforts mentioned above to stock village pharmacies through credit. Generally speaking, the financial success of SC income generation activities which are done on an experimental basis in 15 villages and credit project finance activities in 14 villages, can be demonstrated by the fact that increasing numbers of people, even from outside villages, are requesting aid.

#### **K. SUMMARY**

The project worked with all the families of each community to promote a set of protective behaviors within each of those interventions. The new behaviors should protect mothers and children against those diseases and conditions that increase their risk of mortality. VHCs have been trained by the project to promote those behaviors in their villages and are expected to continue to do so. This strategy will increase the number of people that practice the new behaviors. Once a threshold is reached, those behaviors will become community norms. Reinforced behaviors among community members include promotion of immunization, use of ORT in the treatment of diarrheal diseases, monitoring the growth of children, providing messages on breastfeeding, promotion of appropriate weaning practices, conducting nutrition education and demonstration sessions, encouragement of birth spacing, promoting the activities that increase access to and maintain the cleanliness of the drinking water, and educating villagers on malaria control measures.

The strategies of the interventions that need financial and/or logistic support are designed in a way that includes a cost recovery mechanism. Project support to the EPI program of the circle of Kolondieba is under continuous discussion with the health and the administrative authorities. With the new political environment in the country that focuses on democratization and decentralization

of the decision making process, these discussions are expected to increase government support to the EPI campaign.

The CS8 project will be testing the possibility of training VHC in conducting growth monitoring sessions, and providing them with needed equipment. The project also supports the training of TBAs in prenatal and delivery care, and is currently testing the use of birthing kits that could be purchased by pregnant women for their deliveries. The same practice is also currently being tested for contraceptives and Chloroquine tablets. This pilot work in cost recovery mechanisms is conducted in collaboration with the SC economic development sector in Kolondieba.

Through these strategies, the project considers that it has or will have in the near future phased over its responsibilities and control to local institutions. Also, the project has documented several initiatives taken by the communities, such as recruiting and paying the salary of a resident nurse, building maternites through villager financial support, participation of VHC members in promoting and facilitating the immunization campaign, having families pay for immunization cards for their children, and working with the local government authorities to recruit and pay the salary of EPI nurses from tax monies. The project has also supported training programs aimed at increasing the skills and knowledge of the health center staff. Those skills have been reinforced during the joint implementation of the EPI activities with SC's staff.

## CHILD SURVIVAL IV: MALI

## BUDGET VS. ACTUALS FOR YEAR 4 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT AWARD

|                    | YEAR 4: EXPENSES VS. PLANNED BUDGET * |                    |                    |                      |                   |             |            | LIFE OF GRANT: CUMULATIVE EXPENSES VS. TOTAL GRANT* |                         |             |                           |
|--------------------|---------------------------------------|--------------------|--------------------|----------------------|-------------------|-------------|------------|-----------------------------------------------------|-------------------------|-------------|---------------------------|
|                    | EXPENSES<br>YEAR 1                    | EXPENSES<br>YEAR 2 | EXPENSES<br>YEAR 3 | EXPENSES<br>07/31/92 | PLANNED<br>BUDGET | BALANCE     | % EXPENDED | CUMULATIVE<br>ACTUALS                               | TOTAL PLANNED<br>BUDGET | BALANCE     | % OF TOTAL<br>GRANT SPENT |
| Staff              | 36,274.13                             | 87,814.37          | 133,765.98         | 75,032.39            | 88,992.28         | 13,959.89   | 84.3%      | 332,906.87                                          | 346,866.76              | 13,959.89   | 96.0%                     |
| Consultants        | 59.70                                 | 12,015.17          | 0.00               | 0.00                 | 17,560.83         | 17,560.83   | 0.0%       | 12,074.87                                           | 29,635.70               | 17,560.83   | 40.7%                     |
| Travel             | 2,773.77                              | 11,874.08          | 11,763.38          | 14,349.82            | 4,114.54          | (10,235.28) | 348.8%     | 40,761.05                                           | 30,525.77               | (10,235.28) | 133.5%                    |
| Equipment          | 0.00                                  | 9,554.37           | 0.00               | 0.00                 | 0.00              | 0.00        |            | 9,554.37                                            | 9,554.37                | 0.00        | 100.0%                    |
| Other Direct Costs | 40,586.69                             | 54,673.45          | 48,996.80          | 14,470.63            | (4,948.72)        | (19,419.35) |            | 158,727.57                                          | 139,308.22              | (19,419.35) | 113.9%                    |
| Supplies           | 12,594.18                             | 16,100.17          | 26,020.62          | 9,282.43             | 11,819.21         | 2,536.78    | 78.5%      | 63,997.40                                           | 66,534.18               | 2,536.78    | 96.2%                     |
| TOTAL              | 92,288.47                             | 192,031.61         | 220,566.78         | 113,135.27           | 117,538.14        | 4,402.87    | 96.3%      | 618,022.13                                          | 622,425.00              | 4,402.87    | 99.3%                     |

\* Final Field Office, Home Office and Overhead through :07/31/92

\*\* Revised budget from DIPs.

Year 1 = Sept. 1, 1988 - Aug. 31, 1989

Year 2 = Sept. 1, 1989 - Aug. 31, 1990

Year 3 = Sept. 1, 1990 - Aug. 31, 1991

Year 4 = Sept. 1, 1991 - Aug. 31, 1992

65



## CHILD SURVIVAL IV: MALI

## BUDGET VS. ACTUALS FOR YEAR 4 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT AWARD

|                    | YEAR 4: EXPENSES VS. PLANNED BUDGET * |                    |                    |                      |                   |             |            | LIFE OF GRANT: CUMULATIVE EXPENSES VS. TOTAL GRANT* |                         |             |                           |
|--------------------|---------------------------------------|--------------------|--------------------|----------------------|-------------------|-------------|------------|-----------------------------------------------------|-------------------------|-------------|---------------------------|
|                    | EXPENSES<br>YEAR 1                    | EXPENSES<br>YEAR 2 | EXPENSES<br>YEAR 3 | EXPENSES<br>07/31/92 | PLANNED<br>BUDGET | BALANCE     | % EXPENDED | CUMULATIVE<br>ACTUALS                               | TOTAL PLANNED<br>BUDGET | BALANCE     | % OF TOTAL<br>GRANT SPENT |
| Staff              | 36,274.13                             | 87,814.37          | 133,785.98         | 75,032.39            | 88,992.28         | 13,959.89   | 84.3%      | 332,906.87                                          | 346,866.76              | 13,959.89   | 96.0%                     |
| Consultants        | 59.70                                 | 12,015.17          | 0.00               | 0.00                 | 17,560.83         | 17,560.83   | 0.0%       | 12,074.87                                           | 29,635.70               | 17,560.83   | 40.7%                     |
| Travel             | 2,773.77                              | 11,874.08          | 11,763.38          | 14,349.82            | 4,114.54          | (10,235.28) | 348.8%     | 40,761.05                                           | 30,525.77               | (10,235.28) | 133.5%                    |
| Equipment          | 0.00                                  | 9,554.37           | 0.00               | 0.00                 | 0.00              | 0.00        |            | 9,554.37                                            | 9,554.37                | 0.00        | 100.0%                    |
| Other Direct Costs | 40,586.69                             | 54,673.45          | 48,996.80          | 14,470.63            | (4,948.72)        | (19,419.35) |            | 158,727.57                                          | 139,308.22              | (19,419.35) | 113.9%                    |
| Supplies           | 12,594.18                             | 16,100.17          | 26,020.62          | 9,282.43             | 11,819.21         | 2,536.78    | 78.5%      | 63,997.40                                           | 66,534.18               | 2,536.78    | 96.2%                     |
| TOTAL              | 92,288.47                             | 192,031.61         | 220,566.78         | 113,135.27           | 117,538.14        | 4,402.87    | 96.3%      | 618,022.13                                          | 622,425.00              | 4,402.87    | 99.3%                     |

\* Final Field Office, Home Office and Overhead through :07/31/92

\*\* Revised budget from DIPs.

Year 1 = Sept. 1, 1988 - Aug. 31, 1989

Year 2 = Sept. 1, 1989 - Aug. 31, 1990

Year 3 = Sept. 1, 1990 - Aug. 31, 1991

Year 4 = Sept. 1, 1991 - Aug. 31, 1992

**1992**  
**USAID Health and Child Survival Project**  
**Questionnaire**

with AIDS/HIV Activities Reporting Schedule

.. PVOs ..

|                                                    | Pages |
|----------------------------------------------------|-------|
| Main Schedule .....                                | 1     |
| Schedule 1 - Demographic .....                     | 7     |
| Schedule 2 - Diarrheal Disease Control .....       | 8     |
| Schedule 3 - Immunization .....                    | 9     |
| Schedule 4 - Nutrition .....                       | 10    |
| Schedule 5 - High Risk Births .....                | 12    |
| Schedule 6 - AIDS/HIV Activities .....             | 13    |
| Schedule 7 - Other Health and Child Survival ..... | 14    |

Country           Mali          

Project Title           FY88 Child Survival Grant to SCF          

Project Number           9380502.07          

|                                                                                             |                                               |
|---------------------------------------------------------------------------------------------|-----------------------------------------------|
| Name(s) of person(s) responding to questionnaire: <u>          Peter Laugharn          </u> |                                               |
| Title(s): <u>          Deputy Field Office Director          </u>                           | Date: <u>          25 Sept 1992          </u> |

# USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

Where available, information for questions 1 through 7 has been supplied. Please carefully check the supplied information for accuracy and make any corrections necessary. Where questions are left blank, please supply the requested information. If the Project Number is incorrect, or if the project is new, please write the correct number here and in the spaces provided at the bottom of each page of the questionnaire.

## PROJECT IDENTIFICATION

1. Project Number: 9380502 2. Subproject Number: 07  
 3. Country: Mali  
 4. a. Project Title: FY88 Child Survival Grant to SCF  
 b. Subproject Title: \_\_\_\_\_

## CIHI USE ONLY

ID: 07.88  
 Number: E90548  
 Region: AF  
 Emphas: T

5. a. Beginning FY: 88 b. Beginning FY of Subproject (if appropriate): \_\_\_\_\_  
 Fiscal Year Fiscal Year  
 6. a. Project Assistance Completion Date (PACD): 08/31/92  
 MM DD YY  
 b. Termination Date of Subproject (if appropriate): \_\_\_\_\_  
 MM DD YY  
 7. Current Status (CIRCLE ONE ANSWER) 0  
 1 - New, no activity yet 2 - Ongoing 3 - Discontinued 4 - Completed

## PARTICIPATING AGENCIES

8. For each contract or grant, please provide the complete name of the contractor or grantee, the subcontractors working on the project, the host country counterpart(s) and the organization(s) responsible for implementation. Assign a type to each agency named as per the codes indicated below. Use additional sheets if necessary.

## Organization Type

a. Prime Contractor/Grantee or Partner  
 in Cooperative Agreement

Save the Children Federation

1

b. Subcontractors

c. Host Country Counterpart(s)

Ministry of Public Health, Solidarity,  
and Senior Citizens (MOH)

5

d. Organization(s) with major  
 implementing responsibility

Save the Children Federation  
MOH

1

5

Codes for Organization Type (PLACE THE NUMBER CORRESPONDING TO THE CODE IN THE SPACES ABOVE)

1 - Private Voluntary Organizations (U.S.) 5 - Government (Host Country) 8 - Multilateral Agencies  
 2 - Private Voluntary Organizations (Local) 6 - Other Non-profit Organization (U.S.) 9 - For-profit Firms (all countries)  
 3 - Universities (all countries) 7 - Other Non-profit Organization (host and other countries) 10 - Other (Please Specify)

e. Provide the name and mailing address of the person or office that should receive relevant technical information from USAID.  
 (PLEASE PRINT CLEARLY)  
 Name: Michelle J. Poulton, Director  
 Mailing Address: BP 3105, Quinzambougou  
Bamako, MALI

# USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

## 9. Percentage Attributions to Program Functions

This question should be answered in two steps. First complete Column A, and then complete Column B.

Step 1 - In Column A, write the percent of the Life-of-Project budget (USAID funding) that is attributable to each of the program functions listed. For further explanation, and definitions for each category, please refer to the instruction guide. The percentages in Column A should sum to 100%.

Step 2 - In Column B, write the percent of the entry in Column A devoted to Child Survival. In general, diarrheal disease/ORT, immunization, breastfeeding, growth monitoring and weaning foods, and Vitamin A are considered to be 100% Child Survival. In special cases, this may not be true and a percentage other than 100% may be entered in Column B.

PLEASE REVIEW THE EXAMPLE BELOW BEFORE COMPLETING THE TABLE

### EXAMPLE

|                                                 | Column A<br>Total Percent Attribution | Column B<br>Percent for Child Survival | Complete Schedule 1 and... |
|-------------------------------------------------|---------------------------------------|----------------------------------------|----------------------------|
| a. Diarrheal Disease/Oral Rehydration..(HEDD)   | 40%                                   | 100%                                   | ► Schedule 2               |
| -                                               | -                                     | -                                      | -                          |
| -                                               | -                                     | -                                      | -                          |
| j. Water and Sanitation for Health ..... (HEWH) | 60%                                   | 20%                                    | ► Schedule 7               |
| -                                               | -                                     | -                                      | -                          |
| -                                               | -                                     | -                                      | -                          |
| <b>TOTAL, All Functions</b>                     | <b>100%</b>                           |                                        |                            |

This means that 20% of the water and sanitation component of the project is attributed to child survival.

# USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

## 9. Percentage Attributions of Life-of-Project Funds to Program Functions - Continued (See instruction guide for definitions)

|                                                   | Column A<br>Total Percent Attribution | Column B<br>Percent for Child Survival | Complete Schedule 1 and... |
|---------------------------------------------------|---------------------------------------|----------------------------------------|----------------------------|
| a. Diarrheal Disease/Oral Rehydration..(HEDD)     | 20                                    | 100                                    | ► Schedule 2               |
| b. Immunization/Vaccination ..... (HEIM)          | 20                                    | 100                                    | ► Schedule 3               |
| c. Breastfeeding ..... (NUBF)                     |                                       |                                        | ► Schedule 4               |
| d. Growth Monitoring/Weaning Foods (NUGM)         | 15                                    | 100                                    | ► Schedule 4               |
| e. Vitamin A ..... (NUVA)                         |                                       |                                        | ► Schedule 4               |
| f. Women's Health ..... (HEMH)                    | 15                                    | 100                                    | ► Schedule 7               |
| g. Women's Nutrition (including iron) (NUWO)      | 5                                     | 100                                    | ► Schedule 4               |
| h. Child Spacing/High Risk Births ..... (HECS)    | 5                                     | 100                                    | ► Schedule 5               |
| i. HIV/AIDS ..... (HEHA)                          |                                       |                                        | ► Schedule 6               |
| j. Water and Sanitation for Health ..... (HEWH)   | 15                                    | 100                                    | ► Schedule 7               |
| k. Acute Respiratory Infections ..... (HERI)      |                                       |                                        | ► Schedule 7               |
| l. Malaria ..... (HEMA)                           | 5                                     | 100                                    | ► Schedule 7               |
| m. Health Care Finance ..... (HEFI)               |                                       |                                        | ► Schedule 7               |
| n. Prosthetics/Medical Rehabilitation .... (HEPR) |                                       |                                        | ► Schedule 7               |
| o. Orphans/Displaced Children ..... (ORDC)        |                                       |                                        | ► Schedule 7               |
| <b>TOTAL, All Functions</b>                       | <b>100%</b>                           |                                        |                            |

## FUNDING INFORMATION

10. What is the total USAID authorized LIFE-OF-PROJECT funding for this project (authorized dollar funds from ALL USAID funding accounts)? \$ 679,864

# USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

## 11. Commodities

During FY92, were project funds committed to the purchase of any of the following?  
(PLEASE CIRCLE ALL THAT APPLY.)

- |                                                                      |                                                                     |
|----------------------------------------------------------------------|---------------------------------------------------------------------|
| a. ORS packets                                                       | i. cold chain equipment                                             |
| b. vaccines                                                          | j. laboratory equipment                                             |
| c. iron supplements                                                  | k. medical equipment                                                |
| d. vitamin A                                                         | <input checked="" type="checkbox"/> l. educational materials        |
| e. essential drugs                                                   | m. audio-visual equipment                                           |
| f. food supplements                                                  | n. construction materials for water/sanitation and other activities |
| <input checked="" type="checkbox"/> g. weighing scales/growth charts | o. prosthetics                                                      |
| h. contraceptives                                                    | p. other (please specify) _____                                     |

## 12. What type(s) of initiatives to stimulate or support the local private sector are a part of this project? (CIRCLE ALL THAT APPLY.)

- 1 - Assistance to privatize public health programs or services
- 2 - Training of private sector health care providers
- 3 - Involvement of for-profit businesses in project activities
- ☒ 4 - Other (please specify) Village pharmacies

## 13. Training Activities

- a. Please indicate which of the following groups participated in a course, workshop or training program under the project during FY92: (CIRCLE ALL THAT APPLY.) If available, also provide the number of persons trained.

|                                                                             | Numbers Trained |
|-----------------------------------------------------------------------------|-----------------|
| <input checked="" type="checkbox"/> 1 - Physicians.....                     | 1               |
| <input checked="" type="checkbox"/> 2 - Nurses.....                         | 7               |
| <input checked="" type="checkbox"/> 3 - Community Health Workers.....       | 33              |
| 4 - Traditional Healers.....                                                |                 |
| 5 - School Teachers.....                                                    |                 |
| <input checked="" type="checkbox"/> 6 - Community Leaders.....              | 50              |
| <input checked="" type="checkbox"/> 7 - Mothers.....                        | 15,000*         |
| <input checked="" type="checkbox"/> 8 - Others (please specify) <u>TBAs</u> | 30              |

\*often less than 4 hours

- b. If training was a significant component of project activities during FY92, please include a brief description of training activities and accomplishments in the space below.

The following topics were covered in trainings for SC health agents: nutrition, family planning, literacy training for health, ORT, growth monitoring, sustainability, HIS, lot quality assessment, cluster sampling, and the use of EPI Info. For community members, training concentrated on oral rehydration, vaccination; growth monitoring, nutrition, malaria control, and maternal health/child spacing.

## USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

### 14. Research Activity

Estimate the percent of **Life-of-Project** funds available to this project for research activities related to health and child survival \_\_\_\_\_ → 0 % IF 0% SKIP TO ITEM 15

For projects with research percentages > 0%, please provide the following information:

**a. Which program functions does this research address? (PLEASE CIRCLE ALL THAT APPLY)**

- |                                        |                                         |
|----------------------------------------|-----------------------------------------|
| 1 - ORT/Diarrheal Disease              | 10 - HIV/AIDS                           |
| 2 - Immunization/Vaccination           | 11 - Water and Sanitation               |
| 3 - Breastfeeding                      | 12 - Acute Respiratory Infection        |
| 4 - Growth Monitoring                  | 13 - Malaria                            |
| 5 - Targeted Feeding and Weaning Foods | 14 - Other Vector Borne Disease Control |
| 6 - Vitamin A                          | 15 - Health Care Financing              |
| 7 - Women's Health/Nutrition           | 16 - Health Systems Development         |
| 8 - Other Nutrition                    | 17 - Other (please specify) _____       |
| 9 - Child Spacing/High Risk Births     |                                         |

**b. What types of research are being funded? (CIRCLE ALL THAT APPLY)**

- |                             |                                 |
|-----------------------------|---------------------------------|
| 1 - Biomedical              | 5 - Policy/Economic/Development |
| 2 - Vaccine Development     | 6 - Demographic Data Collection |
| 3 - Epidemiologic           | 7 - Operational Research        |
| 4 - Behavior/Communications |                                 |

**c. If this project has previously reported research titles, a summary list will be attached on the next page. Please review and update this list with current information.**

**d. If this is a new project or if there is additional research to report, please provide descriptive titles, years of the research, and the name, affiliation and address of the primary researcher. Also, please specify the program function to which the research is related, and the type of research. Program function codes 1-17 are listed in question 14a and research type codes 1-7 in 14b. (Use additional sheets if necessary.)**

Title: \_\_\_\_\_

Year: BEG: \_\_\_\_\_ END: \_\_\_\_\_

Program Function Codes \_\_\_\_\_ Type Code \_\_\_\_\_

Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

## USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

### HIGHLIGHTS

15. Given the diligent reporting efforts of PVOs in the past, information to describe project activities is readily available. The USAID Health and Child Survival Project Questionnaires, PVO Annual Reports and other routine reporting provide valuable descriptive information which is regularly used in Congressional reporting and other USAID documents. Please take a moment here to provide us lessons learned, success stories, or other highlights of your project's activities during the reporting year.

1) Our final evaluation revealed that many women believed that they could give an infant water or weak teas and still be "exclusively breastfeeding." We have adjusted our health messages to make clear that water should not be given to infants within the first four months of life.

2) The final evaluation also showed that 82% of women who were not pregnant did not desire to have another child within the next two years. This reinforces our conviction that the low 0.3% contraceptive use rate in rural Mali is due primarily to the unavailability of contraceptives, rather than resistance to their use.

3) The village of Farako took a loan from SC's credit program last fall to establish a village pharmacy, which by all accounts is working quite well. The pharmacies stocks essential medicines, and affords its manager a small profit as an incentive. Our credit and health sectors are planning together to replicate this experience widely.

4) In Mali, the vaccine which limits complete vaccination is not measles but DPT3. Since vaccination tends to start late and intervals between vaccinations tend to be long, measles can often given with DPT2 or even DPT1. If SC and the MOH can cut the intervals between DPT vaccinations by a third, 80% vaccination rates will easily be attainable.

16. Because photographs can often communicate important concepts to busy decision makers much more quickly than words, can you include photographs to supplement the above text? (If yes, please include credit/caption information, including the location and year of the photo on a separate sheet and place picture, slide, or negative in an envelope.) Do not write on photos.

Photographs included?

1 - Yes

2 - No



## Schedule 1

## DEMOGRAPHIC CHARACTERISTICS

- 1 - 1 What is the geographic area in which this project is delivering and/or promoting health or child survival services?  
(CIRCLE ONE ANSWER)

- 1 - The entire country  
 2 - A geographic area smaller than the entire country  
 3 - None. The project does not deliver or promote services.  
 9 - Don't know

COMPLETE ITEMS 1-2  
THROUGH 1-5

CONTINUE DIRECTLY TO  
NEXT SCHEDULE

- 1 - 2 In this space, state the geographic location of the project so that areas with project activities may be located on a national map.

Kolondieba District is in Mali's Third Region (Sikasso), on the border with Côte d'Ivoire.

- 1 - 3 What is the total population of the area in which the project is operating? 116,000

- 1 - 4 Potential Beneficiary Population

Provide the number of potential beneficiaries in each age group:

- a. 0 - 11 months \_\_\_\_\_  
 b. ~~24~~ 4 - 59 months \_\_\_\_\_  
 c. Women 15 - 44 years \_\_\_\_\_  
 d. Other (please specify) 12-23 months \_\_\_\_\_

|        |
|--------|
| 5,721  |
| 14,289 |
| 27,592 |
| 5,255  |

Definition: Potential beneficiaries refers to the number eligible to receive services for a given age group. This includes only potential recipients of direct services (i.e., immunizations or family planning).

- e. In this space, briefly describe any other target groups on which project services/activities are focused. \_\_\_\_\_

Health care agents (MOH, TBAs, etc), for training interventions

- 1 - 5 Is the population served living primarily in an urban or rural area? (CIRCLE ONE)

1 - Primarily urban

3 - Mixed

2 - Primarily rural

4 - Don't know

## Schedule 2

## DIARRHEAL DISEASE CONTROL

## FOCUS AND ACTIVITIES

2 - 1 For the Diarrheal Disease Control component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

|                                                                                       | Project activity during FY92? |    |
|---------------------------------------------------------------------------------------|-------------------------------|----|
|                                                                                       | Yes                           | No |
| <b>a. Community-level education to:</b>                                               |                               |    |
| 1. Raise awareness of the dangers of dehydration                                      | Y                             | N  |
| 2. Enable mothers to recognize when prompt medical treatment is necessary             | Y                             | N  |
| 3. Encourage proper personal hygiene/food handling practices                          | Y                             | N  |
| <b>b. Case management of diarrhea through:</b>                                        |                               |    |
| 1. Promotion of home-based practices:                                                 |                               |    |
| - recommended home fluids                                                             | Y                             | N  |
| - sugar/salt solutions                                                                | Y                             | N  |
| - continued breastfeeding during diarrhea                                             | Y                             | N  |
| - other appropriate feeding during and after diarrhea                                 | Y                             | N  |
| 2. Promotion/Distribution of ORS packets                                              | Y                             | N  |
| 3. Strengthening referral mechanisms for severe cases                                 | Y                             | N  |
| <b>c. Upgrading of clinical services including the rational use of drugs</b>          |                               |    |
|                                                                                       | Y                             | N  |
| <b>d. Training</b>                                                                    |                               |    |
| 1. Training of health care professionals                                              | Y                             | N  |
| 2. Training of outreach workers (TBAs, traditional healers, community health workers) | Y                             | N  |
| <b>e. Other activities</b>                                                            |                               |    |
| 1. Improved disease surveillance systems                                              | Y                             | N  |
| 2. Improved water or sanitation                                                       | Y                             | N  |
| 3. Other (specify) <u>Health committee follow-up on diarrhea treatment</u>            | Y                             | N  |

## ADDITIONAL BACKGROUND INFORMATION

2 - 2 Please provide any other background information which would enable us to better understand the unique nature of the project's diarrheal disease component including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

## CHILD SURVIVAL INDICATORS

2 - 3 What is the ORT use rate in the project area?

a. ORT use rate \_\_\_\_\_

b. Date(mo/yr) data was collected \_\_\_\_\_

c. Source of the data used to make the estimate

|            |    |    |
|------------|----|----|
| 73 percent |    |    |
| 6/92       |    |    |
| DC         | BG | DK |

The definition of ORT use rate is "the proportion of all cases of diarrhea in children under five treated with ORS and/or recommended home fluid. In surveys, this rate is generally estimated as the proportion of diarrhea episodes occurring in the last two weeks treated with ORT."

d. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistics, and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.).

\* Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

John Hopkins Univ CSSP K&P survey (final eval), proj area-specific; 239 mothers of children under two surveyed

## Schedule 3 IMMUNIZATION

### FOCUS AND ACTIVITIES

3 - 1 For the Immunization component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

|                                                                                       |                           | Project activity during FY92?      |    |
|---------------------------------------------------------------------------------------|---------------------------|------------------------------------|----|
|                                                                                       |                           | Yes                                | No |
| <b>a. EPI promotion and services</b>                                                  |                           |                                    |    |
| 1. Activities directed to promote use of services                                     |                           | <input checked="" type="radio"/> Y | N  |
| 2. Delivery of vaccination services through:                                          |                           | <input checked="" type="radio"/> Y | N  |
| - Mass campaigns                                                                      |                           | <input checked="" type="radio"/> Y | N  |
| - Fixed centers                                                                       |                           | <input checked="" type="radio"/> Y | N  |
| - Mobile vaccination teams                                                            | SC mobilizes communities  | <input checked="" type="radio"/> Y | N  |
| - Outreach and follow-up services                                                     | for vaccination, but does | <input checked="" type="radio"/> Y | N  |
| 3. Vaccination of women with tetanus toxoid                                           | not administer vaccines   | <input checked="" type="radio"/> Y | N  |
| 4. Vaccination against measles                                                        |                           | <input checked="" type="radio"/> Y | N  |
| <b>b. Training</b>                                                                    |                           |                                    |    |
| 1. Training of health care professionals                                              |                           | <input checked="" type="radio"/> Y | N  |
| 2. Training of outreach workers (TBAs, traditional healers, community health workers) |                           | <input checked="" type="radio"/> Y | N  |
| <b>c. Other activities</b>                                                            |                           |                                    |    |
| 1. Improved surveillance for vaccine preventable diseases                             |                           | <input checked="" type="radio"/> Y | N  |
| 2. Equipment and training for improved cold chain                                     |                           | <input checked="" type="radio"/> Y | N  |
| 3. Other (specify) <u>Assistance with operating costs</u>                             |                           | <input checked="" type="radio"/> Y | N  |

### ADDITIONAL BACKGROUND INFORMATION

3 - 2 Please provide any other background information which would enable us to better understand the unique nature of the project's immunization component, including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. Due to the newly announced measles initiative, we are particularly interested in hearing about any measles activity undertaken through this project. (Attach additional sheets if necessary).

See Question 15, number 4.

Our final evaluation found that 51.3 percent of mothers knew the precise correct age for measles vaccination (9 months). 30.7 percent answered DK.

### CHILD SURVIVAL INDICATORS

3 - 3 What is the vaccination coverage rate (see instruction guide for information on definitions) in the project area?

|                                                      | BCG                                                                                   | DPT3                                                                                  | Polio3                                                                                | Measles                                                                               | Tetanus for Women                                                                     |
|------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Percent vaccinated (children by 12 months, or women) | 93.0                                                                                  | 49.3                                                                                  | 49.3                                                                                  | 73.2                                                                                  | 85.8                                                                                  |
| Date (month/year) data was collected                 | 6/92                                                                                  | 6/92                                                                                  | 6/92                                                                                  | 6/92                                                                                  | 6/92                                                                                  |
| Source of information (CIRCLE ONE)                   | <input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK | <input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK | <input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK | <input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK | <input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK |

\* Actual coverage may be higher since these figures exclude persons who've lost vacc. cards.

d. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistic), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.).

\* Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

JHU CSSP K&P Survey, 6/92 final eval of SC CS-IV project. 239 mothers of children under two surveyed

## Schedule 4 NUTRITION

### FOCUS AND ACTIVITIES

4 - 1 For the Nutrition component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

|                                                                                                  | Project activity during FY92?    |                                                  |
|--------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|
|                                                                                                  | Yes                              | No                                               |
| <b>a. Breastfeeding</b>                                                                          |                                  |                                                  |
| 1. Exclusive breastfeeding for first 4 - 6 months                                                | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 2. Initiation of breastfeeding within 1 hour after birth                                         | <input checked="" type="radio"/> | <input checked="" type="radio"/>                 |
| 3. Increased duration of breastfeeding                                                           | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 4. Continued breastfeeding during diarrhea                                                       | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 5. Development of support groups or mechanisms for home visitation to counsel and assist mothers | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 6. Revised policy for hospitals and maternity centers                                            | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 7. Policy dialogue in support of a favorable environment for breastfeeding                       | <input checked="" type="radio"/> | <input checked="" type="radio"/> N/A             |
| <b>b. Weaning and child feeding</b>                                                              |                                  |                                                  |
| 1. Community education for proper child feeding practices                                        | <input checked="" type="radio"/> | <input type="radio"/> 98% of breast feed till 2y |
| 2. Emphasis on correct feeding during and after diarrhea and other infections                    | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 3. Development and promotion of locally acceptable weaning foods                                 | <input checked="" type="radio"/> | <input type="radio"/>                            |
| <b>c. Growth monitoring</b>                                                                      |                                  |                                                  |
| 1. Use of growth monitoring as a tool for counseling mothers                                     | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 2. Use of growth monitoring as a means of nutritional status surveillance                        | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 3. Strengthening of health worker skills in growth monitoring and counseling                     | <input checked="" type="radio"/> | <input type="radio"/>                            |
| <b>d. Vitamin A and other micronutrient deficiencies</b>                                         |                                  |                                                  |
| 1. Assessment of levels of vitamin A deficiency                                                  | <input type="radio"/>            | <input checked="" type="radio"/>                 |
| 2. Case detection and treatment of vitamin A deficiency                                          | <input type="radio"/>            | <input checked="" type="radio"/>                 |
| 3. Vitamin A supplements for children and/or post partum women                                   | <input type="radio"/>            | <input checked="" type="radio"/>                 |
| 4. Inclusion of vitamin A in treatment of measles                                                | <input checked="" type="radio"/> | <input checked="" type="radio"/>                 |
| 5. Communication activities to promote increased dietary intakes                                 | <input checked="" type="radio"/> | <input checked="" type="radio"/>                 |
| 6. Food fortification                                                                            | <input type="radio"/>            | <input checked="" type="radio"/>                 |
| 7. Home and community gardens                                                                    | <input checked="" type="radio"/> | <input checked="" type="radio"/>                 |
| 8. Iron and folate supplements for women of reproductive age                                     | <input type="radio"/>            | <input checked="" type="radio"/>                 |
| <b>e. Training</b>                                                                               |                                  |                                                  |
| 1. Training of health care professionals                                                         | <input checked="" type="radio"/> | <input type="radio"/>                            |
| 2. Training of outreach workers (TBAs, traditional healers, community health workers)            | <input checked="" type="radio"/> | <input type="radio"/>                            |
| <b>f. Other</b>                                                                                  |                                  |                                                  |
|                                                                                                  | <input type="radio"/>            | <input checked="" type="radio"/>                 |

### SUPPLEMENTAL FEEDING TARGET GROUPS

4 - 2 If the project sponsored supplementary feeding during FY92, which groups were targeted? (CIRCLE ALL THAT APPLY)

- |                              |                                           |
|------------------------------|-------------------------------------------|
| 1 - All ages                 | 6 - Pregnant or lactating women           |
| 2 - Children under 12 months | 7 - Other women                           |
| 3 - Children 12 - 23 months  | 8 - Other                                 |
| 4 - Children 24 - 35 months  | <input checked="" type="radio"/> 9 - None |
| 5 - Children 36 - 60 months  | 10 - Don't know                           |

## Schedule 4

## NUTRITION

(continued)

## ADDITIONAL BACKGROUND INFORMATION

- 4 - 3 Please provide any other background information which would enable us to better understand the unique nature of the project's nutrition component including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

97 percent of project area women breastfeed up to the child's second birthday; what has been more of a challenge is persuading women to avoid giving water and infusions before 4 months. SC's credit program loans women money for gardening inputs, thereby increasing mothers' disposable income (usually used for children's welfare) and family's nutritional status.

## CHILD SURVIVAL INDICATORS

- 4 - 4 a. What is the rate of malnutrition in the target group served by the project?

Definition: Rate of malnutrition is "the proportion of children whose weight-for-age is below two standard deviations of the norm established by the National Center for Health Statistics (the norm endorsed by the World Health Organization)."

|                                     | Group 1                 | Group 2                  | Group 3                                  | Group 4                |
|-------------------------------------|-------------------------|--------------------------|------------------------------------------|------------------------|
| Target group _____                  | Children<br>0-11 months | Children<br>12-23 months | Other<br>Specify <u>0-35 M</u>           | Other<br>Specify _____ |
| Estimate rate of malnutrition _____ |                         |                          | <u>7.9% ACUTE</u><br><u>23.6 CHRONIC</u> |                        |
| Date (month/year) of estimate _____ |                         |                          | <u>6/91</u>                              |                        |
| Source of information (CIRCLE ONE)  | *DC BG DK               | *DC BG DK                | *DC BG DK                                | *DC BG DK              |

\* Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

- b. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistic), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.).

MEDICAL STUDENT THESIS, "EVALUATION DE L'ETAT NUTRITIONNEL DES ENFANTS AGES DE MOINS DE 3 ANS DANS LE CERCLE DE KOLONDIABA," BY DR. BEFFEN Cissé. SAMPLE: 1800 CHILDREN, EACH WEIGHED 3 TIMES

## Schedule 5

## HIGH RISK BIRTHS

## FOCUS AND ACTIVITIES

5 - 1 For the High Risk Birth component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

|                                                                                              |                                            | Project activity during FY92?    |    |
|----------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|----|
|                                                                                              |                                            | Yes                              | No |
| <b>a. Community education to:</b>                                                            |                                            |                                  |    |
| 1. Raise awareness of the importance of preventing high risk births                          |                                            | <input checked="" type="radio"/> | N  |
| 2. Promote modern contraceptive methods for child spacing                                    |                                            | <input checked="" type="radio"/> | N  |
| 3. Promote breastfeeding as a method for child spacing                                       |                                            | <input checked="" type="radio"/> | N  |
| 4. Promote other natural family planning methods                                             |                                            | <input checked="" type="radio"/> | N  |
| <b>b. Strengthening of service delivery by:</b>                                              |                                            |                                  |    |
| 1. Developing a system to identify and refer high risk women for family planning services    |                                            | <input checked="" type="radio"/> | N  |
| 2. Training medical staff in clinical and counseling skills for child spacing methods        |                                            | <input checked="" type="radio"/> | N  |
| <b>c. Activities specifically directed at one or more of the following high risk groups:</b> |                                            |                                  |    |
| 1. Women under age 18                                                                        |                                            | <input checked="" type="radio"/> |    |
| 2. Women age 35 or older                                                                     |                                            | <input checked="" type="radio"/> | N  |
| 3. Women who have given birth within the previous 24 months                                  |                                            | <input checked="" type="radio"/> | N  |
| 4. Women with 4 or more children                                                             |                                            | <input checked="" type="radio"/> | N  |
| <b>d. Training</b>                                                                           |                                            |                                  |    |
| 1. Training of health care professionals                                                     |                                            | <input checked="" type="radio"/> | N  |
| 2. Training of outreach workers (TBAs, traditional healers, community health workers)        |                                            | <input checked="" type="radio"/> | N  |
| <b>e. Other</b>                                                                              |                                            |                                  |    |
| (please specify)                                                                             | <u>Referrals for high-risk pregnancies</u> | <input checked="" type="radio"/> | N  |

## ADDITIONAL BACKGROUND INFORMATION

5 - 2 Please provide any other background information which would enable us to better understand the unique nature of the project's high risk birth component including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

## CONTRACEPTIVE PREVALENCE RATE

5 - 3 What is the Contraceptive Prevalence Rate in the project area?

a. Contraceptive prevalence rate in area

b. Date(mo/yr) data was collected

c. Source of the data used to make the estimate

|     |    |    |
|-----|----|----|
|     |    |    |
|     |    |    |
| *DC | BG | DK |

The definition of Contraceptive Prevalence Rate is "the proportion of women aged 15 - 44 years, or in some countries, 15 - 49 years, in union or married, currently using a modern method of contraception."

d. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistic), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.).

\* Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

## Schedule 6

## HIV/AIDS ACTIVITIES

6 - 1 Does this project provide funding or otherwise support activities in HIV/AIDS prevention?

\_\_\_ YES

X NO

If your answer is YES, please use the table below to define the scope of the HIV/AIDS activities supported under this project. Provide your data in columns B through G on the basis of the Activity Categories identified in Column A.

- Column B Attribute to each specific Activity Category the corresponding percent from the total FY92 obligations to HIV/AIDS programs as listed in Question 9j of the main schedule. Column B should add to 100%.
- Column C Estimate the percent of resources supporting research for each activity reported in Column A.
- Column D From page 1, please list the organizations which were involved in HIV/AIDS activities supported under this project. Abbreviate if necessary.
- Column E Use the numbers corresponding to Target Population descriptions as appropriate for each activity.
- Column F Indicate by Y or N (Yes or No) whether activities listed in Column A are community-based with target community involvement in the design, implementation, and/or evaluation of the activities.
- Column G Please cite the number of individuals reached by prevention efforts in each activity area. Use your best guess if no data has been collected for this variable.

| A<br>Activity<br>Category | B<br>% of AIDS<br>Attribution | C<br>% Research | D<br>Organizations Supported | E<br>Target<br>Population | F<br>Community-<br>based | G<br>Nos. Reached<br>FY92 |
|---------------------------|-------------------------------|-----------------|------------------------------|---------------------------|--------------------------|---------------------------|
| BER                       |                               |                 |                              |                           |                          |                           |
| CSP                       |                               |                 |                              |                           |                          |                           |
| CPD                       |                               |                 |                              |                           |                          |                           |
| PNR                       |                               |                 |                              |                           |                          |                           |
| STD                       |                               |                 |                              |                           |                          |                           |
| PDM                       |                               |                 |                              |                           |                          |                           |
| OA1                       |                               |                 |                              |                           |                          |                           |
|                           | 100%                          |                 |                              |                           |                          |                           |

### ACTIVITY CATEGORY CODES:

BER - Behavioral Research  
 CSP - Condom Supply  
 CPD - Condom Protection and Distribution  
 PNR - Partner Number Reduction  
 STD - STD Management and Control  
 PDM - Policy Dialogue/Modeling  
 OA1 - Other (please specify) \_\_\_\_\_

### TARGET POPULATION CODES:

1 - General Public  
 2 - Community Leaders  
 3 - Children (0-8 years)  
 4 - Youth (9-14 years)  
 5 - Female Sex Workers  
 6 - Male Sex Workers  
 7 - Other Women at Risk  
 8 - Other Men at Risk  
 9 - IV Drug Users  
 10 - Health Service Providers  
 11 - STD Patients  
 12 - Other (please specify) \_\_\_\_\_

6 - 2 The AIDS Division of R&D/Health needs descriptive information on all Mission sponsored HIV/AIDS programs for the Agency's Report to Congress. We would encourage you to attach to this questionnaire a brief but comprehensive description on the HIV/AIDS programs your Mission sponsors. Providing this information now would eliminate the need for further requests for such summaries.

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## Schedule 7

## OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

This schedule is designed to record information about health and child survival interventions other than those identified in schedules 2 through 6

## IDENTIFICATION OF OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

7-1 What type(s) of "other" health and child survival interventions received funding or other support through this project? (CIRCLE ALL THAT APPLY)

1 - Acute Respiratory Infection (answer 7-3)

② Maternal Health (answer 7-4)

3 - Health Care Financing (answer 7-5)

④ Malaria (answer 7-6)

⑤ Water and Sanitation

6 - Elderly/Adult Health

7 - Prosthetics

8 - Tuberculosis

9 - Other (please specify) \_\_\_\_\_

7-2 Please provide any other background information which would enable us to better understand the unique nature of the project's other health and child survival activities, including those not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

GREAT EMPHASIS ON LITERACY TRAINING FOR SUSTAINABILITY OF HEALTH INTERVENTIONS (1 IN 20 WOMEN IS LITERATE AND 1 IN 6 MEN, IN KOLONDIYA DISTRICT) PARTICIPATION IN LITERACY COURSES IS RELATED TO HIGHER VACCINATION AND PRENATAL CONSULTATION RATES.

## FOCUS AND ACTIVITIES

For the interventions specified, please indicate which of the following activities are major elements of the life-of-project implementation strategy (in terms of project funds and human resources committed for this intervention); and 2) whether or not the project sponsored, promoted or participated in each activity during fiscal year 1992.

PLEASE ANSWER 7-3 ONLY IF YOU CIRCLED "1 - Acute Respiratory Infection" IN RESPONSE TO 7-1.

| 7-3 Acute Respiratory Infection Strategies                                            | Project activity during FY92? |    |
|---------------------------------------------------------------------------------------|-------------------------------|----|
|                                                                                       | Yes                           | No |
| a. Community-level education to:                                                      |                               |    |
| 1. Raise awareness of the dangers of acute respiratory infection                      | Y                             | N  |
| 2. Enable mothers to recognize when prompt medical treatment is necessary             | Y                             | N  |
| b. Case management of respiratory infection:                                          |                               |    |
| 1. Training of clinical staff in case management and treatment                        | Y                             | N  |
| 2. Training of community workers in case management and referral                      | Y                             | N  |
| 3. Provision of equipment and timers for diagnosis                                    | Y                             | N  |
| 4. Provision of appropriate drugs for pneumonia treatment _____<br>(specify drugs)    | Y                             | N  |
| 5. Education of health staff and pharmacists to encourage rational use of antibiotics | Y                             | N  |
| c. Other _____<br>(please specify)                                                    | Y                             | N  |



# OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES (continued)

ANSWER ONLY IF YOU CIRCLED "2 - Maternal Health" IN RESPONSE TO 7 - 1.

## 7 - 4 Maternal Health Strategies

1. Communication activities to increase women's healthy practices during pregnancy, and use of prenatal care and maternity services
2. Training and equipment for traditional birth attendants (TBAs), midwives, and other health workers:
  - training in screening and referral of high-risk pregnancies
  - training in life-saving delivery skills
  - provision of safe delivery kits
3. Strengthening referral systems between TBAs, health centers, and hospitals
4. Integration of maternity care with family planning
5. Treatment of infections, especially sexually-transmitted diseases

Project activity during FY92?

| Yes      | No |
|----------|----|
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |

ANSWER ONLY IF YOU CIRCLED "3 - Health Care Financing" IN RESPONSE TO 7 - 1.

## 7 - 5 Health Care Financing Strategies

1. Fees for health services
2. Income generation to support project activities \_\_\_\_\_  
(please specify)
3. Other \_\_\_\_\_  
(please specify)

Project activity during FY92?

| Yes      | No |
|----------|----|
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |

ANSWER ONLY IF YOU CIRCLED "4 - Malaria" IN RESPONSE TO 7 - 1.

## 7 - 6 Malaria Strategies

### a. Prevention

1. Public education to:
  - increase awareness of malaria and methods of prevention
  - enable mothers to recognize when and where to seek treatment
2. Prevention of disease transmission through:
  - personal protection methods (impregnated bednets, etc.)
  - vector control (against adult mosquitos, against larvae, etc.)
  - environmental management

Project activity during FY92?

| Yes      | No |
|----------|----|
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |
| <u>Y</u> | N  |

### b. Case management of malaria

1. Standardization of protocols for case management
2. Training of community workers in case management and referral
3. Training of clinical staff in case management and treatment
4. Provision of antimalarial drugs \* THROUGH VILLAGE-BASED PHARMACIES

| Yes      | No       |
|----------|----------|
| <u>Y</u> | <u>N</u> |
| <u>Y</u> | <u>N</u> |
| <u>Y</u> | <u>N</u> |
| <u>Y</u> | <u>N</u> |

### c. Other

\_\_\_\_\_ (please specify)

ESTABLISHED BY OUR CREDIT PROGRAM

| Yes      | No |
|----------|----|
| <u>Y</u> | N  |